

THE NATIONAL ARCHIVES

SOLDIER'S CERTIFICATE

No. 5-5790

VETERAN

Leopold D. Baker

RANK

Private

SERVICE

Co. G. 18<sup>th</sup> U.S. Inf.

CAN No.

11929

BUNDLE NO.

9



# INVALID PENSION.

REISSUE TO ALLOW UNDER THE GENERAL LAW.

Pensioner, Leopold Decker  
P. O., Champion  
County, Brown  
State, Wisconsin  
Rate, \$ \_\_\_\_\_ per month, commencing March 18 1890  
Rank, Private  
Company, G  
Regiment, 18 Wis. Vol. Inf.

Pensioned for \_\_\_\_\_

## RECOGNIZED ATTORNEY.

Name, J. B. Bralle & Co.  
P. O., Washington, D. C.  
Fee, \$ 25.00; Agent to pay.  
Articles filed May 23, 1890.

## APPROVALS.

Approved for rheumatism

Submitted June 24, 1902  
Approved for rheumatism  
Approved for W. A. Gannaway, Examiner.  
8/78

July 1, 1902, R. B. Kusman, Legal Reviewer.  
July 19, 1902, Taylor, Medical Examiner.  
Alman, Medical Reviewer.

July 11, 1902, Medical Examiner, Medical Referee.  
Drafted Oct 4, 1864, Discharged July 18, 1865 ✓

Other service \_\_\_\_\_  
Pensioned under the act of June 27, 1890, at \$ 8.00 per month. Last paid to for rheumatism, 1 \_\_\_\_\_

## PRESENT CLAIM.

Declaration filed March 18, 1890, under the general law, alleges about March 15 - 1865  
contracted rheumatism

Claimant does \_\_\_\_\_ write.



# Medical Division, BUREAU OF PENSIONS,

Washington, D. C. July 11, 1902

No. Claim,

64,50740

Claimant,

Soldier,

Leopold Debecker

Co.

18<sup>th</sup> Reg't Wisc. Inf.

Respectfully returned to

Chief of the

Board of Review.

It does not appear that the soldier has been examined under pending claim for increase Act June 27, 1890.

*[Signature]*  
Approved

*Taylor*  
Medical Examiner.

*J. F. Kane*  
Medical Referee.



ACT JUNE 27

Increase **INVALID PENSION.**

Claimant, Leopold Debraker  
P. O. Champion Rank Private  
County Brown Company 4  
State Wisconsin Regiment 18 Misc. Vol. Inf.  
Rate, \$..... per month, commencing.....

Pensioned for..... inability to earn a support by manual labor

**RECOGNIZED ATTORNEY.**

Name J. B. Brall & Co. Fee, \$ 2.00  
P. O. Washington, D.C. Agent to pay.

**APPROVALS**

Submitted for advis., June 24, 1902, W. A. Gammann, Examiner.  
Dec 19, 1902, A. W. Gammann

Approved for rheumatism (Old) Approved for rheumatism and  
Debility of age (Nus) alleged April 21 1902 senile debility

Aggregate of disabilities shown, permanent in character: \$ 10.00

July 1, 1902, R. B. Gammann  
Legal Reviewer.

Medical Examiner.

Medical Reviewer.

, 190...,  
Re-Reviewer.

, 190...,

Medical Referee.

Drafted Oct. 4, 1864; honorably discharged July 18, 1865  
Enlisted....., 186...; honorably discharged....., 186...  
Pensioned at \$ 8.00 per month. Last paid to for rheumatism

**PRESENT CLAIM, ACT OF JUNE 27, 1890.**

Declaration filed April 21, 1902, alleges rheumatism and debility due to age

Claimant does..... write.  
Certificate not filed.

No M. C.

*Two Briefs.*



ACT OF JUNE 27, 1890.

# DECLARATION FOR INVALID PENSION.

Under Act of July 1, 1890, this application may be executed before a Clerk of Court, or before a Notary Public, or any officer authorized to administer oaths who uses a seal. It may also be executed before any officer who does not use a seal; but in such a case the certificate of a Clerk of Court *must be attached* to the paper showing the official character of the executing officer. A general certificate on file in the Pension Office will not answer.

STATE OF Wisconsin  
COUNTY OF Brown } ss:

On this 1st day of December, A. D. one thousand eight hundred and ninety-

personally appeared before me Justice of the Peace, of the \_\_\_\_\_ court; a court of record within and for the county and State aforesaid Leopold Debecker  
(Claimant's name here.)

aged 54 years, a resident of Robinson, county of Brown,  
(Age.) (Place of residence here.) (Name of County here.)

State of Wisconsin, who, being duly sworn according to law, declares that he is the identical

Leopold Debecker who was enrolled on the 4 day  
(Claimant's name here.)

of October, 1884, in private  
(Month.) (Year.) (Here state rank, company and regiment in Military service, or vessel if in the Navy.)

in the War of the Rebellion and served at least ninety days, and was Honorably Discharged at Louisville Ky. on the 18 day of July, 1865.  
(State place where discharged.) (Month.) (Year.)

That he is partially unable to earn a support by reason of Rheumatism in  
(Partially or wholly.)  
Both Shoulder and Back  
(Here name the diseases or injuries from which disabled.)

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief permanent. That he has has applied for pension under application No. 762 175- That he is not a pensioner  
(Has or has not.) (If you have applied for pension state No. of claim here.) (Or is not.)

under Certificate No. \_\_\_\_\_  
(If a pensioner the Certificate number only need be given.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of JUNE 27, 1890.

He hereby appoints J. B. CRALLE & CO., U. S. Pension Attorneys, Cralle Building, 108 C street N. W., Washington, D. C., his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars when his pension is allowed. That his post office address is Robinson, county of Brown  
(Claimant's P. O. address here.) (Name of County here.)

State of Wisconsin  
(Name of State here.)

Leopold Debecker  
(Claimant's signature.)

Attest Joseph Hebray  
(First witness sign here.)

Melanie Delvaux  
(Second witness sign here.)

(41)



Also personally appeared Melanie Delvaux residing at Robinson  
(Name of first witness.)  
and Joseph Delvaux residing at Robinson  
(Name of second witness.)

persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say they were present and saw Leopold Debecker, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 32 years and \_\_\_\_\_ years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Joseph Delvaux

Melanie Delvaux  
(Signatures of witnesses.)

Sworn to and subscribed before me this 1st day of December, A. D. 1890, and I

hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_

(L. S.) erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Joseph Delvaux  
(Signature.)  
Justice of the Peace  
(Official Character.)

May 1/1889 - May 1/91

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

Name Leopold Debecker  
Rank Capt. Co. 4<sup>th</sup> 18<sup>th</sup> Regt.  
Vols. 2<sup>nd</sup> Wis

Orig. 762,195

Please hand this application to some friend who is entitled under the New Law.

2/243

FILED BY  
**J. B. CRALLE & CO.**  
U. S. PENSION ATTORNEYS,  
CRALLE BUILDING 108 C STREET N. W.  
WASHINGTON, D. C.

5-182

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION:

The act of June 27, 1890, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for).

A service of not less than ninety days.

A permanent physical or mental disability not due to vicious habits. (It need not have originated in the service.)

The rates under the act are graded from \$6 to \$12 proportioned to the degree of inability to earn a support and are not affected by the rank held.

A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not, the number of your application if you have made application.

Under act of July 1, 1890, all applications for pensions may be executed before a Clerk of Court, a Notary Public, or any officer authorized to administer oaths who uses a seal.

Sub 1-9-29-103



ACT OF JUNE 27, 1890.

INVALID PENSION. *ocp*Claimant, *Leopold Debecker*P. O., *Robinson*County, *Brown*State, *Wis.*Rank, *Private*Company, *G.*Regiment, *18. Wis. Vol. Inf.*Rate, \$ *8.*, per month, commencing *Dec. 9. 1890.*Disabled by *Med. Approved for*

## RECOGNIZED ATTORNEY.

Name, *J. B. Crallet & Co.*Fee, \$ *- 10 -* Agent to pay.P. O., *Wash. D.C.*Articles filed, *- - -*, 189*-*

## APPROVALS.

Submitted for *Ad. Fel. 3*, 189*1*,*Hannor*, Examiner.Approved for *Submission*Approved for *Rheumatism*\$*8.00**Feb 11*, 189*1*

Legal Reviewer

*Feb 25*, 189*1*

Medical Referee.

now pensioned under other laws. Last paid to *- - -*, 18*- -*, at \$*- -*Pensioned from *- - -*, 18*- -*, at \$*- -*, for *- - -*

## SERVICE SHOWN BY RECORD.

Enlisted *Oct. 4*, 18*64*, honorably discharged *July 18*, 18*65*Re-enlisted *- - -*, 18*- -*, honorably discharged *- - -*, 18*- -*Declaration filed *Dec. 9*, 189*0*, alleges permanent disability, not due to vicious habits, from *Rheumatism*.



A.

See Instructions at the Bottom.

A.

## Declaration for Original Invalid Pension.

State of

County of

§§:

On this 13 day of March A. D., one thousand eight hundred and eighty

personally appeared before me a Circuit Court clerk, the same being a Court of Record of the County and State aforesaid a resident of Robinson County of Missouri State of Missouri

who being by me duly sworn according to law, on his solemn oath, deposes as follows, to wit:

I am the identical Leopold Debecker who was enrolled on the 14th day of April 1864 in Company G of the 18th Regiment of Wisconsin Volunteers, commanded by Captain Joe L. Catag and I was honorably discharged at Louisville Ky. on the 18th day of July 1865 and my age is now 34 years. While in the service aforesaid, and in the line of my duty at New Bern State of North Carolina on or about the 15th day of March 1865, I incurred contracted Rheumatism.

At \_\_\_\_\_ State of \_\_\_\_\_ on or about the \_\_\_\_\_ day of \_\_\_\_\_ 186\_\_\_\_, I also incurred \_\_\_\_\_

That I was treated in hospitals as follows:

(Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.)

That I have not been employed in the military or naval service otherwise than as stated above

(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service I have resided in the County of \_\_\_\_\_ of \_\_\_\_\_ State of \_\_\_\_\_ and my occupation has been that of a farmer

That prior to my entry into the service above named I was a man of good, sound physical health, being when enrolled a farmer. That I am now partially disabled from obtaining my subsistence by manual labor by reason of my disabilities above described, received in the service of the United States; and I therefore make this declaration for the purpose of being placed on the invalid pension roll of the United States.

I HEREBY APPOINT AND EMPOWER, WITH FULL POWER OF SUBSTITUTION, J. B. CRALLE & CO., of Washington, D. C., my true and lawful attorneys, to prosecute my claim. That my Postoffice address is \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

ATTEST:

Claimant's Signature

Leopold Debecker  
 Attest: J. B. Cralle & Co.  
 Notary Public

This declaration must be made before a Clerk of a Court of Record. If made before a Notary or Justice the paper will be worthless.

69

C11

atc



Also personally appeared F. J. B. Bonden residing  
at Green Bay Wis and B. M. Berendsen residing  
at Green Bay Wis persons whom I certify to be respectable and en-  
titled to credit, and who, being by me duly sworn according to law, say they were present and  
saw Leopold Dechecker the claimant sign his name (or make his mark)  
to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and  
their acquaintance with him, that he is the identical person he represents himself to be; and that they have no  
interest in this claim for Pension.

Signature of Witnesses:

F. J. B. Bonden  
B. M. Berendsen

SWORN TO AND SUBSCRIBED before me this 13th day of March, A. D., 1890

The contents of the foregoing declaration were fully made known and explained to  
claimant and witnesses before swearing, including the words. -----

[SEAL.]

-----erased, and the words ----- added;  
and I have no interest in this claim for Pension.

Henry Maternus  
(Signature.)  
Chief Clerk Court  
(Official Character.)  
Brown Co. Wis.

A. INVALID A.  
CLAIM for PENSION.

ORIGINAL.

Leopold Dechecker  
18 Reg't. Vol.  
1st Reg't. Vol.



FILED BY  
J. B. Cralle & Co.,  
U. S. Claim Attorneys  
Cralle Building,  
108 C STREET, N. W.,  
WASHINGTON, D. C.



# INVALID PENSION.

REISSUE TO ALLOW UNDER THE GENERAL LAW.

2 Briefs

Pensioner, Leopold Debecker

P. O., Champeir

County, Brown

State, Wisconsin

Rate, \$ per month, commencing

Rank, Private

Company, G

Regiment, 18 Wis. vol. Inf

Pensioned for

## RECOGNIZED ATTORNEY.

REJECTED

March 11 1904

WESTERN. Name, J. B. Cralle & Co.,

P. O., Washington, D.C.

Fee, \$ 25.00; Agent to pay.

Articles filed May 23, 1890

## APPROVALS.

Approved for Rheumatism

Submitted Dec 29, 1902  
for consid Feb. 12, 1904

Approved for Rejection of claim based upon rheumatism on the ground of no record, no medical evidence showing treatment therefor in service, at discharge or since and claimant's inability to furnish satisfactory testimony showing origin of said disability in service, and its existence at date of discharge.

Approved for R. A. City. Examiner.

SE Reports (2)

Feb. 17, 1904, F. J. Robinson

Legal Reviewer.

Medical Examiner.

Medical Reviewer.

Feb 19, 1904, T. B. Kiley

Re-Reviewer.

, 190

Medical Referee.

Drafted

Enlisted

Oct. 14

, 1864

Discharged

July 18

, 1865

Other service

Pensioned under the act of June 27, 1890, at \$ 8.00 per month. Last paid to for Rheumatism

## PRESENT CLAIM.

Declaration filed March 18, 1890, under the general law, alleges about March 15, 1865

Contracted rheumatism

Claimant does write.



For an Increase of Invalid Pension

STATE OF Wisconsin }  
COUNTY OF Brown } SS

On this 27<sup>th</sup> day of November, A. D. 1897, personally appeared before me, a Notary Public within and for the County and State aforesaid Leopold Sebecker  
(Claimant's name should be written here.)

aged 63 years, a resident of the County of Brown, State of Wisconsin, who, being duly sworn according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Milwaukee pension agency, at the rate of Eight dollars per month by reason of disability incurred in the military service of the United States while a member of Company G of the 18 Regiment of Wisconsin Volunteers, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Rheumatism

State here the disability or disabilities for which you are pensioned, just as they are written in your Pension Certificate.

That my disability has resulted in

If your disability has resulted in any other disability, please write the same here.

That since I last applied for an increase of my pension my disability has increased

If your disability or disabilities have increased since you last applied for increase, state that fact on the lines after the word "disability."

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE & Co., of WASHINGTON, D. C., my true and lawful Attorneys, to prosecute my claim. My Postoffice address is Champion County of Brown State of Wisconsin, and the number of my Certificate is 11012

Attest  
two  
witnesses.

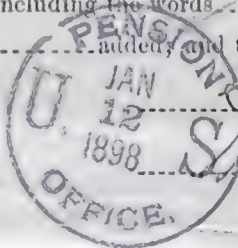
John Dupont Leopold Sebecker  
Philip Dequaine [Claimant's Signature]

Also personally appeared John Dupont residing at Champion persons whom I certify to be respectable and entitled to credit, and who, being duly sworn, say that they were present and saw Leopold Sebecker the claimant, sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant, and from their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses:

John Dupont  
Philip Dequaine

Sworn to and subscribed before me this 27<sup>th</sup> day of November, A. D., 1897, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words erased, and the words added and that I have no interest, direct or indirect, in the prosecution of this claim.



J. B. Cralle & Co.  
(Signature)  
Notary Public  
(Official Character.)

ATTY. FILED

S.



Act June 27, 1901.

INVALID CLAIM

FOR

PENSION

INCREASE.

Leopold Debecker Applicant.

18154 Regt. 18154  
Placed in  
Volunteers.

545,740  
Certificate No. 545,740

FILED BY

J. B. Cralle & Co.  
Claimant's Attorneys,  
Cralle Building,  
108 C Street, Northwest,  
WASHINGTON, D. C.

# RESULTING DISABILITIES.

**CHRONIC DIARRHŒA** may result in disease of kidneys, theumatism, disease of heart, disease of liver, piles, fistula in ano, general debility, nervous debility, paralysis, consumption, disease of spleen, dyspepsia, disease of stomach, disease of rectum, disease of abdominal viscera, dropsy, asthma, nervous derangement, spinal irritation, disease of lungs, ulceration of bowels and vertigo.

**RUPTURE** may result in disease of heart, paralysis, disease of legs, disease of eyes and varicose veins.

**STROKE** may result in debility, disease of heart, general derangement, vertigo, disease of liver, disease of spine, deafness, disease of heart, paralysis, disease of eyes and epilepsy.

**MEASLES** may result in disease of lungs, disease of heart, disease of eyes, atrophy of testicles, asthma, bronchitis and chronic otorrhœa.

**MALARIAL POISONING** may result in disease of liver, disease of spleen, debility, indigestion, disease of heart, disease of kidneys, dropsy, neuralgia, disease of abdominal viscera and derangement of stomach and bowels.

**ASTHMA** may result in disease of lungs, loss of voice, emphysema, dilatation of right side of heart and dropsy.

**ERYSIPEL FEVER** may result in disease of lungs, disease of kidneys, disease of heart, disease of legs, enlargement of legs, debility, nervous debility, varicose veins, diarrhoea and derangement of nervous system.

**GUNSHOT WOUNDS** may result in various disabilities, the character of which depends upon the location of the wound, etc.

**INJURY OF ABDOMEN** may result in spinal irritation, disease of stomach, disease of liver, peritonitis and adhesions.

**INTERMITTENT FEVER** may result in disease of lungs, rheumatism, debility and heart disease.

**DISEASE OF HEART** may result in disease of lungs, bronchitis, anæmia, purpura and brain softening.

**TYPHOID-MALARIAL FEVER** may result in affection of head, affection of stomach and debility.

**FEVER** may result in debility, chronic diarrhoea, rheumatism, ulcers of leg and deafness.

**BRUISING** may result in disease of brain and spinal irritation.

**SMALL-POX** may result in disease of leg and disease of eyes, suppurative otitis, deafness—partial or complete.

**CATARH** may result in bronchitis, disease of stomach, disease of middle ear, deafness and partial blindness.

**TYPHUS FEVER** may result in dyspepsia and hepatitis.

**MALARIAL FEVER** may result in indigestion, debility, nervous prostration and chronic dysentery.

**INJURY OF SPINE** may result in paralysis, locomotor ataxia, debility, neuralgia, epilepsy, curvature, hip-joint trouble and femoral abscess.

**VACCINATION** may result in loss of use of arm and blood poisoning.

**DIPHTHERIA** may result in paralysis and disease of throat.

**N. B.**—The paralysis of diphtheria is usually transient.

**VARICOSE VEINS** may result in abscess.

**SCURVY** may result in varicose veins and ulcers.

**SCALD** may result in injury of liver and heart.

**DISEASE OF ABDOMINAL VISCERA** may result in disease of rectum.

**GUNSHOT WOUND OF HEAD** may result in insanity, paralysis, disease of brain, disease of eyes, neuralgia and epilepsy.

**GUNSHOT WOUND OF LEG** may result in varicose veins, rheumatism and paralysis.

**INJURY OF HEAD** may result in deafness, epilepsy, paralysis and insanity.

**DISEASE OF LIVER** may result in rheumatism, jaundice; often results in pleurisy of right lung.

**LADNICE** may result in debility, disease of liver and dropsy.

**FEVER AND AGUE** may result in disease of spleen.

**BRAIN FEVER** may result in epilepsy.

**CONCUSSION** may result in deafness, disease of brain and spinal irritation.

**TYPHOID-PNEUMONIA** may result in disease of lungs and disease of throat.

**ABSCESS** may result in varicose veins.

**INJURY TO BACK** may result in curvature of spine, paralysis and disease of kidneys.

**INJURY OF CHEST** may result in disease of lungs.

**PLEURISY** may result in pleuritic adhesions, displacement of heart and phthisis.

**MALARIA** may result in intermittent fever.

**LOSS OF ONE EYE** may result in affection of the other.

**DISEASE OF LUNGS** may result in disease of heart.



June 27, 1890.

*Increase* INVALID PENSION.

04545740

Claimant,

P. O.,

County,

State,

*Leopold De Becker*  
*Champion*  
*Brown*  
*Wisconsin*

Rank,

Company,

Regiment,

*Private*  
*G*  
*18 Wisconsin Reg*

Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Disabled by \_\_\_\_\_

RECEIVED

Feb. 10/1900.

RECOGNIZED ATTORNEY:

Name,

P. O.,

*J B Crall & Co*  
*Washington D.C.*

Fee \$ \_\_\_\_\_

Articles filed \_\_\_\_\_

Agent to pay.

\_\_\_\_\_, 189\_\_\_\_

APPROVALS:

Submitted for

Approved for

*Ad Dec 20/99*  
*Arthritis (old)*

*Payne*

Approved for

*Arthritis 17/8*  
*from December 7, 1898 (6)*  
*\$ 8.00: medicine &*  
*growth disability affecting gait*

\_\_\_\_\_, Examiner.

*Clarke*

*Jan 31, 1900*

\_\_\_\_\_, Medical Referee.

Enlisted

to

*Jan 18, 1880, 16. Co. 86. 1st Regt. Wis. Inf.*  
*Oct 24", 1864*

Honorably discharged

*July 18, 1865*

Last paid

at \$ *81*

for

*Arthritis*

Pension under other laws at \$ \_\_\_\_\_, for \_\_\_\_\_

ended \_\_\_\_\_

Original declaration, act June 27, 1890, filed \_\_\_\_\_, 189\_\_\_\_; alleged \_\_\_\_\_

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

*Jan 12*, 189*8*, alleges *increase*

*None*

*writes*



# Declaration for Increase of Pension.

Under Acts of May 9, 1900 and June 27, 1890.

Execute this before some officer having a seal.

State of Wisconsin County of Brown ss:

On this 8th day of April, A. D. 1901, personally appeared before me a Notary Public, within and for the County and State aforesaid, Leopold Debecker

aged 68 years, a resident of Champion County of Brown  
Age here. Place of residence here. Name of County here.

State of Wisconsin who, being duly sworn according to law, declares that he is the identical

Leopold Debecker who was enrolled on the 4th day  
Name of Claimant.

of October, 1864, in Co 'G' 18 regt. Wisc. Vols.  
Month. Year. Here state rank, Co. and Regt. if in Military service, or vessel if in the Navy.

in the WAR of the REBELLION and served at least NINETY DAYS, and was HONORABLY DISCHARGED at Milwaukee, on the 18 day of July, 1865  
Place where discharged. Month. Year.

That he has not served in the Army, Navy, or Marine Corps of the United States, otherwise than as above stated, except.

That he is wholly unable to earn a support by manual labor. That he is a pensioner under Certificate

No. 545740 at 8 dollars per month. That his physical condition is such that he believes he is entitled to an increase of pension. That in addition to the disabilities heretofore alleged and claimed for he is also disabled by reason of the following disabilities: rhumatism in both

shoulders and back and debility due to age

That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent.

That he makes this declaration for the purpose of securing an increase of pension under the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900. He hereby appoints

## J. B. CRALLE & CO.,

PENSION ATTORNEYS, CRALLE BUILDING, 108 C St. N. W., WASHINGTON, D. C.,

his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Two Dollars when his increase is allowed. That his Post Office address is Champion

County of Brown State of Wisconsin  
Name of County here. Name of State here.

Attest  
two  
witnesses.

Horace Petrisiot  
Eliza Petrisiot

Leopold Debecker  
[Claimant's Signature.]



Also personally appeared Horace Petiniot, residing at  
Champion, Wis. Name of first Witness here  
and Eliza Petiniot,  
Name of second Witness here,  
residing at Champion, Wis., persons whom I certify to be respectable and  
entitled to credit, and who, being by me duly sworn, say they were present and saw Leopold  
Debecker, claimant, sign his name (or make his mark) to the  
foregoing declaration; that they have every reason to believe from the appearance of said claimant and their ac-  
quaintance with him of 25 years, and 20 years respectively, that he is the  
identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Horace Petiniot  
Eliza Petiniot If either witness signs by mark, two persons who write sign here.  
Frank Dupont Signatures of witnesses.

Sworn to and subscribed before me this 8th day of April, A. D., 1902,  
and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained  
to the applicant and witnesses before swearing, including the words \_\_\_\_\_  
\_\_\_\_\_ erased, and the words  
\_\_\_\_\_ added and that  
I have no interest, direct or indirect, in the prosecution of this claim.

Executing Officer's

[L. S.]

Seal here.

L. Dupont  
Signature.  
Notary Public  
Official Character.

ACT OF JUNE 27, 1890,  
AS AMENDED BY  
ACT OF MAY 9, 1900.

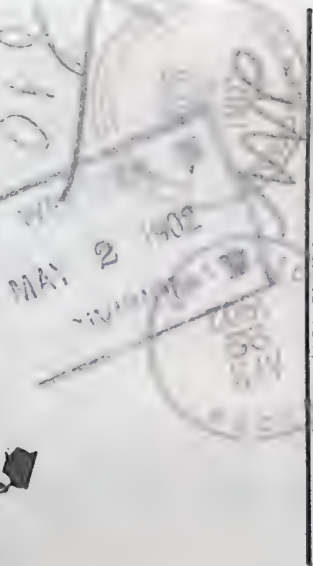
CLAIM FOR  
INCREASE OF  
INVALID PENSION.

Leopold Debecker Applicant.

Co. D - 18 Reg't.

Volunteers.

Certificate No. 343740



FILED BY

J. B. Cralle & Co.,  
PENSION ATTORNEYS,  
CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

3/152



545740  
Milwaukee

3-357.  
Old No. 145 b.)

Cert. No. 545740

ACT JUNE 27, 1890.

23ref

Increase INVALID PENSION.

Claimant, Leopold Debecker

P. O.

Champion

County

Brown

State

Wisconsin

Rate

\$10

per month, commencing

November 5 1902

Rank

Private

Company

G

Regiment

18 Wisconsin Inf

Pensioned for

Partial

inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name

J. B. Crable & Co.

Fee, \$2.00

P. O.

Washington, DC

Agent to pay.

APPROVALS.

Submitted for

Increase December 20, 1902

A. C. Conkle, Examiner.

Approved for

Rheumatism, (old)

Senility alleged April 21 1902  
and tubercle and disease of  
heart as per order of 71  
(New)

Approved for

Rheumatism

and Senile Debility

Aggregate of disabilities shown, permanent in character: \$10

from November 5 1902

Feb 17, 1904

G. H. Robinson

Legal Reviewer.

Feb 19, 1904

F. R. Wiley

Re-Reviewer

February 20, 1904

W. H. H. H. H.

Medical Examiner.

February 20, 1904

W. H. H. H. H.

Medical Referee.

Drafted

Enlisted

Oct 4

1864; honorably discharged

July 18

1865

Enlisted

1864; honorably discharged

1865

Pensioned at \$8.00

per month.

Last paid to

For rheumatism

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

April 21

1902, alleges

rheumatism and debility

due to age

Claimant does write.

Certificate not filed.

Do, M. C.



# Declaration for Increase of Pension.

Under Acts of May 9, 1900 and June 27, 1890.

Execute this before some officer having a seal.

State of Wisconsin, County of Brown ss:

On this 2 day of November, A. D. 1902, personally appeared before me a Notary Public, within and for the County and State aforesaid, Leopold Debecker

Claimant's name should be written here.

aged 68 years, a resident of Champion County of Brown  
Age here. Place of residence here. Name of County here.

State of Wisconsin who, being duly sworn according to law, declares that he is the identical  
Name of State here.

Leopold Debecker who was enrolled on the 4 day  
Name of Claimant.  
of October, 1864, in Co. G - 18<sup>th</sup> Reg. Suss. Vols.  
Month. Year. Here state rank, Co. and Reg't. if in Military service, or vessel if in the Navy.

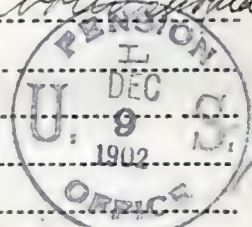
in the WAR of the REBELLION and served at least NINETY DAYS, and was HONORABLY DISCHARGED  
at Louisville, Ky. on the 18 day of July, 1865.  
Place where discharged. Month. Year.

That he has not served in the Army, Navy, or Marine Corps of the United States, otherwise than as above stated, except

That he is totally unable to earn a support by manual labor. That he is a pensioner under Certificate  
Partially or wholly.

No. 545,740 at 8 dollars per month. That his physical condition is such that he believes he is entitled to an increase of pension. That in addition to the disabilities heretofore alleged and claimed for he

is also disabled by reason of the following disabilities: rheumatism in both shoulders,  
and back, and debility from age.



That said disabilities are not due to vicious habits, and are, to the best of his knowledge and belief, permanent.

That he makes this declaration for the purpose of securing an increase of pension under the provisions of the Act of June 27, 1890, as amended by Act of May 9, 1900. He hereby appoints

**J. B. CRALLE & CO.,**  
PENSION ATTORNEYS, CRALLE BUILDING, 108 C St. N. W., WASHINGTON, D. C.,

his true and lawful attorneys to prosecute his claim, and he hereby agrees to allow said attorneys the lawful fee of Two Dollars when his increase is allowed. That his Post Office address is Champion

Claimant's P. O. address here.

County of Brown State of Wisconsin  
Name of County here. Name of State here.

Attest  
two  
witnesses.

Horace Petriot  
Frank Dupont

Leopold Debecker  
[Claimant's Signature.]



of this claim.

*G. Dupont*  
-----  
Signature.

*Notary Public*  
-----  
Official Character.

108 C St., N. W., WASHINGTON, D. C.



mem  
545740  
Milwaukee

ACT JUNE 27, 1890.

*Increase* INVALID PENSION.

Claimant, *Leopold Debecker*  
P. O. *Champion* Rank *Private*  
County *Brown* Company *9*  
State *Wisconsin* Regiment *18<sup>th</sup> Wisconsin Vol. Inf*  
Rate, \$ *12* per month, commencing *July 5, 1905*

Pensioned for *total* inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name *J. B. Cralle Dec* Fee, \$ *2*  
P. O. *city* Agent to pay.

APPROVALS

Submitted for *Aug 14* 190 *5* *W Scott*, Examiner.

Approved for *rheumatism and*  
*senile debility*

Approved for *Rheumatism and*  
*senile debility*

Aggregate of disabilities shown, permanent in character: \$ *12*  
*from July 5<sup>th</sup> 1905.*

*August 14<sup>th</sup> 1905* *W O'Connor*  
*Western* Legal Reviewer.  
190 *Re-Reviewer.*

*Bennet* *Byington*  
Medical Examiner. *Re-Reviewer.*  
*Aug. 17, 1905* *Medical Referee.*

*Drft Oct 4* 186 *4* honorably discharged *July 18* 186 *5*  
Enlisted *186* honorably discharged *186*  
Pensioned at \$ *10* per month. Last paid for *rheumatism and*  
*senile debility.*

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed *Dec. 9<sup>th</sup> 1902* alleges *Inc. fr. pen'd*  
*causes*

Claimant does *not* write.  
Certificate not filed.

*71 Range*



Act of February 6th, 1907.

DECLARATION FOR INVALID PENSION.

State of Wisconsin, }  
County of Brown } ss.

On this 23 day of February, A. D. one thousand nine hundred and seven,  
personally appeared before me, a Notary Public within and for the county and  
State aforesaid, Geopold Debecker, who, being duly sworn  
according to law, declares that he is 74 years of age, and a resident of Green Bay,  
county of Brown, State of Wisconsin, and that he is the identical  
person who was ENROLLED at Green Bay Wis under the name  
of Geopold Debecker on the 4 day of October  
1864, as a Private in Co. G. 18<sup>th</sup> Regt. Wis. Inf.  
[Here state rank, and company, and regiment in the Army, or vessel, if in the Navy.]

in the service of the United States, in the war of the rebellion, and served at least ninety days and was  
HONORABLY DISCHARGED at Louisville Ky on the 18 day of July  
1865. That he also served  
[Here give a complete statement of all other services, if any.]

That he was not employed in the military or naval service of the United States otherwise than as  
stated above. That his personal description at enlistment was as follows: Height 5 feet 4 1/2 inches;  
complexion, Ruddy; color of eyes Brown; color of hair, Brown; that his occupation was  
Laborer; that he was born May 20, 1834, at Belgam.

That his several places of residence since leaving the service have been as follows: In Town of Green Bay  
Brown Co. Wis. The last 2 years in City of Green Bay, Wis.  
(State date of each change, as nearly as possible.)

That he is not a pensioner under Certificate No. 545740 That he has heretofore applied  
for pension.  
[If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.]

That he makes this declaration for the purpose of being placed on the pension roll of the United States under  
the provisions of the act of Feb. 6, 1907.

That his POST-OFFICE ADDRESS is 1002 N. Jackson St. Green Bay  
county of Brown, State of Wisconsin.

That he hereby appoints The Adjutant General of Wisconsin, Madison, Wisconsin, his true and lawful attor-  
ney to prosecute his claim without fee.

Geopold Debecker  
[Claimant's signature in full.]

Attest: (1) Antoine LaCour

(2) John Loefer





Antoine La Cour

SWORN to and subscribed before me this.. 23<sup>d</sup> ..day of.. February ....., A. D. 1907..

[L. S.]

.....  
 (Signature.)

Notary Public  
(Official character.)

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

This blank is not to be used except in cases where the Adjutant General of Wisconsin appears as attorney.

## Soldier's Application for Pension

Act of Feb. 6, 1907.

Name Leopold Debecker

Service Priv. 4-18 Miss. Dry. Col.



FILED BY  
THE ADJUTANT GENERAL  
OF WISCONSIN,  
State Agent for Pensions,  
Attorney.  
MADISON, WIS.



Original No.

Certificate No.

545740

Reissue

## ACT OF FEBRUARY 6, 1907.

Claimant, *Leopold Debecker*  
 P. O., *1012 G. Jackson Street* Rank, *Private*  
 County, *Green Bay* Company, *G.*  
 State, *Wisconsin* Regiment, *18<sup>th</sup> Wisconsin Vol Inf.*  
 Rate, \$ *15* per month, commencing *March 1, 1907.*

## RECOGNIZED ATTORNEY

Name, *The Adjutant General of Wisconsin*  
 P. O., *Madison, Wisconsin*

## APPROVAL.

Submitted for *Ad July 27, 1907* *W. B. Hammond*, Examiner.

Approved for *admission*

*Agree to*

*Rate \$15 per month*

*Reissue to allow under Act February 6, 1907. Deduct sub-  
 payments of draft name from the rolls under Act June 27, 1890*

*Aug 2, 1907* *R. E. Rickard*

Legal Reviewer.

*August 3, 1907* *W. B. Pettus*

Re-Reviewer.

*Drafted* *Apr 4*, 18*64* *✓* honorably discharged

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Pensioned at \$ *12* per month, under *Act June 27, 1890*

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed *March 1*, 190*7*

Date of birth alleged, *May 30, 1834*

Age shown by evidence *72* years.

Claimant does \_\_\_\_\_ write.

*Ad*

M. C.



Act of February 6th, 1907.

DECLARATION FOR INVALID PENSION.

State of Wisconsin, }  
County of Brown } ss.

On this 8<sup>th</sup> day of July, A. D. one thousand nine hundred and Nine personally appeared before me, a Notary Public within and for the county and State aforesaid, Leopold Debecker, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Green Bay county of Brown, State of Wisconsin, and that he is the identical person who was ENROLLED at Green Bay Wis under the name of Leopold Debecker on the 4<sup>th</sup> day of October 1864, as a Private in Co G, 18<sup>th</sup> Regt Wis Infantry  
[Here state rank, and company, and regiment in the Army, or vessel, if in the Navy.]

in the service of the United States, in the war of the rebellion, and served at least ninety days and was HONORABLY DISCHARGED at Louisville Ky on the 18<sup>th</sup> day of July 1865. That he also served  
[Here give a complete statement of all other services, if any.]

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height 5 feet 4 1/2 inches; complexion, Ruddy; color of eyes Brown; color of hair, Brown; that his occupation was Labourer; that he was born May 3<sup>d</sup>, 1834, at Belgium

That his several places of residence since leaving the service have been as follows: Robinsonville Brown Co Wis  
(State date of each change, as nearly as possible.)

That he is ..... a pensioner under Certificate No. 545740 That he has ..... heretofore applied for pension.  
[If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.]

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of Feb. 6, 1907.

That his POST-OFFICE ADDRESS is 1002 Jackson St Green Bay county of Brown, State of Wisconsin

That he hereby appoints The Adjutant General of Wisconsin, Madison, Wisconsin, his true and lawful attorney to prosecute his claim without fee.

Attest: (1) Cintius La Court  
(2) John Looze  
Leopold Debecker  
[Claimant's signature in full.]





Also personally appeared Antoine La Court, residing at Green Bay Wis.  
and John Looze, residing at Green Bay Wis., persons whom I  
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and  
saw Leopold De Becker, the claimant, sign his name (or make his mark) to the foregoing  
declaration; that they have every reason to believe, from the appearance of the claimant and their acquaint-  
ance with him of 35 years and 35 years respectively, that he is the identical person he  
represents himself to be; and that they have no interest in the prosecution of this claim.

Antoine La Court

John Looze  
Signatures of witnesses.

SWORN to and subscribed before me this 8th day of July, A. D. 1907.

and I hereby certify that the contents of the above declaration, etc., were fully made

known and explained to the applicant and witnesses before swearing, including the

[L. S.] words ....., erased, and the

words ....., added; and that

Validity accepted  
I have no interest, direct or indirect, in the prosecution of this claim.  
S. A. Cuddy,  
Chief, Law Division.  
per 17th 11 DE

H. P. Campbell  
(Signature.)

Notary Public  
(Official character.)

To be executed before some officer of a court of record having custody of its seal, a notary public, justice  
of the peace or other officer authorized to administer oaths for general purposes. If such officer is not re-  
quired by law to have and use a seal, his official character, signature, and term of office must be certified by  
the proper State, county, or city officer under his official seal, unless such a certificate has been filed in the  
Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose author-  
ity and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution  
of the claim.

9C 545740  
DUPLICATE OF THIS IS REQUIRED.

This blank is not to be used except in cases where  
the Adjutant General of Wisconsin appears as  
attorney.

### Soldier's Application for Pension

Act of Feb. 6, 1907.

Name Leopold De Becker  
Service 1st Co "H" 18th Reg -  
Mis - Inf bat



FILED BY  
THE ADJUTANT GENERAL  
OF WISCONSIN  
State Agent for Pensions.  
Attorney  
MADISON, WIS.



Original No.

Certificate No. 545,740.

ACT OF FEBRUARY 6, 1907.

✓ Claimant, *Leopold Debraker*.  
 ✓ P. O., *1002 Jackson Street* Rank, *Private*.  
 ✓ County, *Green Bay* Company, *G*.  
 ✓ State, *Wisconsin* Regiment, *18 Wisconsin Vol. Inf.*  
 Rate, \$ *20* per month, commencing *July 12 1909*

## STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, *Adjutant General* *State Agent for pensions*  
 P. O., *Madison Wis.*

## APPROVAL.

Submitted for *Appl. July 19, 1909* *J. F. Wilson*, Examiner.

Approved for *Increase*

*Age over 75*  
*Rate \$20 per month*

*July 20*, 1909, *M. Sturges* July 20, 1909, *W. Jones*  
 Legal Reviewer. Re-Reviewer.

*Drafted* *Oct. 4*, 1864, honorably discharged *July 18*, 1865.

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Enlisted \_\_\_\_\_, 18 ; honorably discharged \_\_\_\_\_, 18

Pensioned at \$ *15* per month, under *Act of Feb. 6, 1907*.

## PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

✓ Declaration filed *July 12*, 1909.

✓ Date of birth alleged, *May 3, 1834* formerly alleged date of birth *May 30, 1834*

Age shown by evidence *75* years.

Claimant does *not* write.

*Lester Kottmann*  
*M. C.*



# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wis, County of Brown, ss:

On this 23 day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid,

Leopold Debecker who, being duly sworn according to law, declares that he is 78 years of age, and a resident of Green Bay, county of Brown,

State of Wis; and that he is the identical person who was ENROLLED at Green Bay Wis, under the name of Leopold Debecker

on the 4 day of Oct, 1864, as a Private, in Co G 18<sup>th</sup> Regt Wis Infantry

(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED

(State name of war, Civil or Mexican.)

at Lewersville Ky, on the 18 day of July, 1865

That he also served \_\_\_\_\_

(Here give a complete statement of all other service, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: 5 feet 4 1/2 inches; complexion, Rudy; color of eyes, Brown; color of hair, Brown; that his occupation was Farmer; that he was born Apr 30 1834; Belgium

That his several places of residence since leaving the service have been as follows: Robinsonville Brown Co Wis and Green Bay Wis Brown Co.

That he is a pensioner under certificate No. 545740. That he has applied for pension under original No. \_\_\_\_\_

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

The first post office address is 1002 Jackson St, county of Brown, State of Wis

Attest: (1) Edward P. Weipe Leopold Debecker  
(2) Edward Lepore mark

Subscribed and sworn to before me this 23 day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_

[L. S.] \_\_\_\_\_, erased, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.

H O Campbell  
Notary Public Green Bay Wis  
(Official character.)

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.



ACT OF MAY 11, 1912.

# CLAIM FOR PENSION.

Certificate No. 5-48-740

Name, L. Dehsham

Service, \_\_\_\_\_

## INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

### ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years, sixteen dollars per month; three years and over, sixteen dollars and fifty cents per month; four years, sixteen dollars and fifty cents per month; four years and over, sixteen dollars and fifty cents per month; five years, sixteen dollars and fifty cents per month; five years and over, sixteen dollars and fifty cents per month; six years, sixteen dollars and fifty cents per month; six years and over, sixteen dollars and fifty cents per month; seven years, sixteen dollars and fifty cents per month; seven years and over, sixteen dollars and fifty cents per month; eight years, sixteen dollars and fifty cents per month; eight years and over, sixteen dollars and fifty cents per month; nine years, sixteen dollars and fifty cents per month; nine years and over, sixteen dollars and fifty cents per month; ten years, sixteen dollars and fifty cents per month; ten years and over, sixteen dollars and fifty cents per month; eleven years, sixteen dollars and fifty cents per month; eleven years and over, sixteen dollars and fifty cents per month; twelve years, sixteen dollars and fifty cents per month; twelve years and over, sixteen dollars and fifty cents per month; thirteen years, sixteen dollars and fifty cents per month; thirteen years and over, sixteen dollars and fifty cents per month; fourteen years, sixteen dollars and fifty cents per month; fourteen years and over, sixteen dollars and fifty cents per month; fifteen years, sixteen dollars and fifty cents per month; fifteen years and over, sixteen dollars and fifty cents per month; sixteen years, sixteen dollars and fifty cents per month; sixteen years and over, sixteen dollars and fifty cents per month; seventeen years, sixteen dollars and fifty cents per month; seventeen years and over, sixteen dollars and fifty cents per month; eighteen years, sixteen dollars and fifty cents per month; eighteen years and over, sixteen dollars and fifty cents per month; nineteen years, sixteen dollars and fifty cents per month; nineteen years and over, sixteen dollars and fifty cents per month; twenty years, sixteen dollars and fifty cents per month; twenty years and over, sixteen dollars and fifty cents per month; twenty-one years, sixteen dollars and fifty cents per month; twenty-one years and over, sixteen dollars and fifty cents per month; twenty-two years, sixteen dollars and fifty cents per month; twenty-two years and over, sixteen dollars and fifty cents per month; twenty-three years, sixteen dollars and fifty cents per month; twenty-three years and over, sixteen dollars and fifty cents per month; twenty-four years, sixteen dollars and fifty cents per month; twenty-four years and over, sixteen dollars and fifty cents per month; twenty-five years, sixteen dollars and fifty cents per month; twenty-five years and over, sixteen dollars and fifty cents per month; twenty-six years, sixteen dollars and fifty cents per month; twenty-six years and over, sixteen dollars and fifty cents per month; twenty-seven years, sixteen dollars and fifty cents per month; twenty-seven years and over, sixteen dollars and fifty cents per month; twenty-eight years, sixteen dollars and fifty cents per month; twenty-eight years and over, sixteen dollars and fifty cents per month; twenty-nine years, sixteen dollars and fifty cents per month; twenty-nine years and over, sixteen dollars and fifty cents per month; thirty years, sixteen dollars and fifty cents per month; thirty years and over, sixteen dollars and fifty cents per month; thirty-one years, sixteen dollars and fifty cents per month; thirty-one years and over, sixteen dollars and fifty cents per month; thirty-two years, sixteen dollars and fifty cents per month; thirty-two years and over, sixteen dollars and fifty cents per month; thirty-three years, sixteen dollars and fifty cents per month; thirty-three years and over, sixteen dollars and fifty cents per month; thirty-four years, sixteen dollars and fifty cents per month; thirty-four years and over, sixteen dollars and fifty cents per month; thirty-five years, sixteen dollars and fifty cents per month; thirty-five years and over, sixteen dollars and fifty cents per month; thirty-six years, sixteen dollars and fifty cents per month; thirty-six years and over, sixteen dollars and fifty cents per month; thirty-seven years, sixteen dollars and fifty cents per month; thirty-seven years and over, sixteen dollars and fifty cents per month; thirty-eight years, sixteen dollars and fifty cents per month; thirty-eight years and over, sixteen dollars and fifty cents per month; thirty-nine years, sixteen dollars and fifty cents per month; thirty-nine years and over, sixteen dollars and fifty cents per month; forty years, sixteen dollars and fifty cents per month; forty years and over, sixteen dollars and fifty cents per month; forty-one years, sixteen dollars and fifty cents per month; forty-one years and over, sixteen dollars and fifty cents per month; forty-two years, sixteen dollars and fifty cents per month; forty-two years and over, sixteen dollars and fifty cents per month; forty-three years, sixteen dollars and fifty cents per month; forty-three years and over, sixteen dollars and fifty cents per month; forty-four years, sixteen dollars and fifty cents per month; forty-four years and over, sixteen dollars and fifty cents per month; forty-five years, sixteen dollars and fifty cents per month; forty-five years and over, sixteen dollars and fifty cents per month; forty-six years, sixteen dollars and fifty cents per month; forty-six years and over, sixteen dollars and fifty cents per month; forty-seven years, sixteen dollars and fifty cents per month; forty-seven years and over, sixteen dollars and fifty cents per month; forty-eight years, sixteen dollars and fifty cents per month; forty-eight years and over, sixteen dollars and fifty cents per month; forty-nine years, sixteen dollars and fifty cents per month; forty-nine years and over, sixteen dollars and fifty cents per month; fifty years, sixteen dollars and fifty cents per month; fifty years and over, sixteen dollars and fifty cents per month; fifty-one years, sixteen dollars and fifty cents per month; fifty-one years and over, sixteen dollars and fifty cents per month; fifty-two years, sixteen dollars and fifty cents per month; fifty-two years and over, sixteen dollars and fifty cents per month; fifty-three years, sixteen dollars and fifty cents per month; fifty-three years and over, sixteen dollars and fifty cents per month; fifty-four years, sixteen dollars and fifty cents per month; fifty-four years and over, sixteen dollars and fifty cents per month; fifty-five years, sixteen dollars and fifty cents per month; fifty-five years and over, sixteen dollars and fifty cents per month; fifty-six years, sixteen dollars and fifty cents per month; fifty-six years and over, sixteen dollars and fifty cents per month; fifty-seven years, sixteen dollars and fifty cents per month; fifty-seven years and over, sixteen dollars and fifty cents per month; fifty-eight years, sixteen dollars and fifty cents per month; fifty-eight years and over, sixteen dollars and fifty cents per month; fifty-nine years, sixteen dollars and fifty cents per month; fifty-nine years and over, sixteen dollars and fifty cents per month; sixty years, sixteen dollars and fifty cents per month; sixty years and over, sixteen dollars and fifty cents per month; sixty-one years, sixteen dollars and fifty cents per month; sixty-one years and over, sixteen dollars and fifty cents per month; sixty-two years, sixteen dollars and fifty cents per month; sixty-two years and over, sixteen dollars and fifty cents per month; sixty-three years, sixteen dollars and fifty cents per month; sixty-three years and over, sixteen dollars and fifty cents per month; sixty-four years, sixteen dollars and fifty cents per month; sixty-four years and over, sixteen dollars and fifty cents per month; sixty-five years, sixteen dollars and fifty cents per month; sixty-five years and over, sixteen dollars and fifty cents per month; sixty-six years, sixteen dollars and fifty cents per month; sixty-six years and over, sixteen dollars and fifty cents per month; sixty-seven years, sixteen dollars and fifty cents per month; sixty-seven years and over, sixteen dollars and fifty cents per month; sixty-eight years, sixteen dollars and fifty cents per month; sixty-eight years and over, sixteen dollars and fifty cents per month; sixty-nine years, sixteen dollars and fifty cents per month; sixty-nine years and over, sixteen dollars and fifty cents per month; seventy years, sixteen dollars and fifty cents per month; seventy years and over, sixteen dollars and fifty cents per month; seventy-one years, sixteen dollars and fifty cents per month; seventy-one years and over, sixteen dollars and fifty cents per month; seventy-two years, sixteen dollars and fifty cents per month; seventy-two years and over, sixteen dollars and fifty cents per month; seventy-three years, sixteen dollars and fifty cents per month; seventy-three years and over, sixteen dollars and fifty cents per month; seventy-four years, sixteen dollars and fifty cents per month; seventy-four years and over, sixteen dollars and fifty cents per month; seventy-five years, sixteen dollars and fifty cents per month; seventy-five years and over, sixteen dollars and fifty cents per month; seventy-six years, sixteen dollars and fifty cents per month; seventy-six years and over, sixteen dollars and fifty cents per month; seventy-seven years, sixteen dollars and fifty cents per month; seventy-seven years and over, sixteen dollars and fifty cents per month; seventy-eight years, sixteen dollars and fifty cents per month; seventy-eight years and over, sixteen dollars and fifty cents per month; seventy-nine years, sixteen dollars and fifty cents per month; seventy-nine years and over, sixteen dollars and fifty cents per month; eighty years, sixteen dollars and fifty cents per month; eighty years and over, sixteen dollars and fifty cents per month; eighty-one years, sixteen dollars and fifty cents per month; eighty-one years and over, sixteen dollars and fifty cents per month; eighty-two years, sixteen dollars and fifty cents per month; eighty-two years and over, sixteen dollars and fifty cents per month; eighty-three years, sixteen dollars and fifty cents per month; eighty-three years and over, sixteen dollars and fifty cents per month; eighty-four years, sixteen dollars and fifty cents per month; eighty-four years and over, sixteen dollars and fifty cents per month; eighty-five years, sixteen dollars and fifty cents per month; eighty-five years and over, sixteen dollars and fifty cents per month; eighty-six years, sixteen dollars and fifty cents per month; eighty-six years and over, sixteen dollars and fifty cents per month; eighty-seven years, sixteen dollars and fifty cents per month; eighty-seven years and over, sixteen dollars and fifty cents per month; eighty-eight years, sixteen dollars and fifty cents per month; eighty-eight years and over, sixteen dollars and fifty cents per month; eighty-nine years, sixteen dollars and fifty cents per month; eighty-nine years and over, sixteen dollars and fifty cents per month; ninety years, sixteen dollars and fifty cents per month; ninety years and over, sixteen dollars and fifty cents per month; ninety-one years, sixteen dollars and fifty cents per month; ninety-one years and over, sixteen dollars and fifty cents per month; ninety-two years, sixteen dollars and fifty cents per month; ninety-two years and over, sixteen dollars and fifty cents per month; ninety-three years, sixteen dollars and fifty cents per month; ninety-three years and over, sixteen dollars and fifty cents per month; ninety-four years, sixteen dollars and fifty cents per month; ninety-four years and over, sixteen dollars and fifty cents per month; ninety-five years, sixteen dollars and fifty cents per month; ninety-five years and over, sixteen dollars and fifty cents per month; ninety-six years, sixteen dollars and fifty cents per month; ninety-six years and over, sixteen dollars and fifty cents per month; ninety-seven years, sixteen dollars and fifty cents per month; ninety-seven years and over, sixteen dollars and fifty cents per month; ninety-eight years, sixteen dollars and fifty cents per month; ninety-eight years and over, sixteen dollars and fifty cents per month; ninety-nine years, sixteen dollars and fifty cents per month; ninety-nine years and over, sixteen dollars and fifty cents per month; one hundred years, sixteen dollars and fifty cents per month; one hundred years and over, sixteen dollars and fifty cents per month.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

SEC. 2. That rank in the service shall not be considered in applications filed hereunder.

SEC. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

SEC. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

SEC. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.



mu  
milwaukee

ACT OF MAY 11, 1912.

Cert. No. 545740

Claimant, Leopold Sebecker

P. O. 1002 Jackson Street, Green Bay

Rank, Private

County, Brown

Service, G-18 Wisconsin Inf.

State, Wisconsin

Rate, \$ 22.50 per month, commencing

May 27, 1912.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

Fee, \$; Agent to pay.

P. O.,

Articles filed, 19

APPROVAL.

Submitted for Adv. Dec. 5, 1912, A. L. Patrick, Examiner.

Approved for Admission Rate \$ 22.50 per month; age 78 years.

Reissue from the Act of February 6, 1907

Length of pensionable service: 0 years, 9 months, 15 days.

Deductions in service from any cause: years, months, days,

on account of

Dec 24 1912 M. M. Cunningham Legal Reviewer. Dec 24 1912 H. W. Selah Re-Reviewer.

Drafted October 4, 1864; honorably discharged July 18, 1865

Enlisted, 18; honorably discharged, 18

Enlisted, 18; honorably discharged, 18

Length of pensionable service: years, 9 months, 15 days.

Pensioned at \$ 20 per month, under Act Feb. 6-1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 27, 1912

Age shown by evidence 78 years; date of birth alleged April 30, 1834

Claimant does not write.

" " " formerly alleged May 3-1834  
" " " May 30-1834  
M. C.



Index Sheet, Claim No. 67 5746

Leopold Debecker

Service, Co. G. 18 Wis. vol. Inf

6-113

NO.	NAME AND P. O. ADDRESS.	DATE OF FILING.	SUBJECT.
1	Leopold Debecker, Robinson, Wis.	Mar. 18-90	Declaration act July 14, 1862.
2	" "	Aug. 8, 1891	Claimants affidavit.
3 4 5	Champions, Wis.	Nov. 21-1891 May 3-1892 Oct. 15-1892	" " And family history.
6	Washington D. C.	Feb. 11, 1903	A. G. reports
7	Joseph L. Cotey Grand Rapids, Wis.	July 29-90 May 17-92.	Affidavit & statements.
8	Washington D.C.	Feb. 6-91.	A. G. presence of Cotey.
9	Andrew Massey Robinson, Wis.	July 22-91. May 19-92	Affidavit & statements.
10	Washington D.C.	May 7-92	A. G. presence of Massey.
11	G. Dupont, Champions, Wis.	Nov. 21, 1901. Feb. 3 1902	Affidavit & statements.
12	Washington, DC	Jan. 27 1902	A. G. presence of Dupont.
13	J. Ferner, Robinson, Wis.	Oct 11, 1890	Affidavit.
14	Palice Melis Robinson, Wis.	Oct 11, 1890 Jan. 18, 1900	Affidavit & statements.
15	J. D. Moraux Robinson, Wis.	May 9, 1901	Affidavit.
16	Emil Lewis Champion, Wis.	Sept. 2 1902	Affidavit.
17	Joseph Laurent Champion, Wis.	Sept. 2 1902	Affidavit.



This form of fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the Act of Congress approved July 3, 1884.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

## Articles of Agreement.

WHEREAS I, Leopold Debecker  
Robinson Brown Wisconsin  
late a 4 in Company "G", of the 18<sup>th</sup> Regiment of  
Wisconsin Volunteers, war of 1861-5, having made application for pension  
under the laws of the United States.

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agents, J. B. CRALLE & CO., of Washington, D. C., the fee of TWENTY-FIVE DOLLARS, which shall include all amounts paid and to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agents, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and that the same shall be paid to them in accordance with the provisions of Sections 4768 and 4769 of the Revised Statutes, U. S.

Frank Dupont  
G. Dupont  
(Signature of two witnesses.)

Leopold Debecker  
(Signature of Claimant.)  
Robinson  
(Postoffice address.)

STATE OF Wisconsin COUNTY OF Brown, ss:

BE IT KNOWN, that on this, the 31<sup>st</sup> day of March, A. D., 1890, personally appeared Leopold Debecker, the above named, who, after having had read over to him in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

[L. S.]

Certificate on file to cover date  
Greg. Dupont Justice of the Peace  
(Official Signature.)

### Attorneys' Acceptance,

No portion of which is to be used by the Claimant under any Circumstances.

AND NOW, to wit, this 19<sup>th</sup> day of May, A. D., 1890, we accept the provisions contained in the foregoing articles of agreement, and will, to the best of our ability, endeavor faithfully to represent the interest of the claimant in the premises, and we hereby certify that we have received from the claimant above named, the sum of nothing dollars, and no more; one dollars being for fee, and the sum of one dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, the said agents making no charge therefor.

J. B. Cralle & Co.  
(Signature of Attorneys.)

Witness my hand the year and day above written.

DISTRICT OF COLUMBIA, ss:

Personally came J. B. CRALLE & CO., whom I know to be the persons they represent themselves to be, and who, having signed above acceptance of agreement, acknowledged the same to be their free act and deed.

[L. S.]

(Official Signature.)

APPROVED FOR \_\_\_\_\_ DOLLARS, and payable to  
J. B. CRALLE & CO., of Washington, D. C., the recognized attorneys.

Commissioner of Pensions.



# THE AGREEMENT.

No. ....

CLAIM OF

Reg't. ....

Yols. ....

# FOR PENSION.

Nature of Claim.

FILED BY

**L. B. Cralle & Co.,**  
Claimant's Attorneys

Cralle Building,  
108 C STREET, N. W.,  
WASHINGTON, D. C.

## NOTICE TO CLAIMANT.

This Contract is Permissible Under the Law, but not Compulsory.

### Read the Following Copy of the Statute:

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled,* \* \* \*

Sec. 3. That Section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent, attorney or other person, demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension and the pension agent to pay the same to the recognized attorney."

Sec. 4. That Section 4786 of the Revised Statutes is hereby amended so as to read as follows: "SEC. 4786. The agent or attorney of record in the prosecution of the case *may* caused to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be \$10 and no more. And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pension, claims for increase of pension on account of new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension-rolls on testimony taken by a special examiner, showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: *Provided*, That no greater fee than \$10 shall be demanded, received or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension has been allowed; *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of \$10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both in the discretion of the court.

APPROVED JULY 4, 1884.



This form of fee is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the Act of Congress approved July 3, 1884.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

## Articles of Agreement.

WHEREAS, I,

*Leopold Debecker*  
*Robinson* *Brown* *Wisconsin*  
late a *18<sup>th</sup>* in Company *"G"*, of the *18<sup>th</sup>* Regiment of  
*Wisconsin* Volunteers, war of *1861-5*, having made application for pension  
under the laws of the United States.

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agents, J. B. CRALLE & CO., of Washington, D. C., the fee of TWENTY-FIVE DOLLARS, which shall include all amounts paid and to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agents, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and that the same shall be paid to them in accordance with the provisions of Sections 4768 and 4769 of the Revised Statutes, U. S.

*Frank Dupont*  
*G. Dupont*  
(Signature of two witnesses.)

*Leopold Debecker*  
(Signature of Claimant.)  
*Robinson*  
(Postoffice address.)

STATE OF *Wisconsin* COUNTY OF *Brown*, SS:

BE IT KNOWN, that on this, the *30<sup>th</sup>* day of *March*, A. D., 189*0*, personally appeared *Leopold Debecker*, the above named, who, after having had read over to *him* in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be *his* free act and deed.

[L. S.]

*Certificate on file to cover date of execution.*

*Guy Dupont Justice of the peace*  
(Official Signature.)

### Attorneys' Acceptance,

No portion of which is to be used by the Claimant under any Circumstances.

AND NOW, to wit, this *19<sup>th</sup>* day of *May*, A. D., 189*0*, we accept the provisions contained in the foregoing articles of agreement, and will, to the best of our ability, endeavor faithfully to represent the interest of the claimant in the premises, and we hereby certify that we have received from the claimant above named, the sum of *nothing* dollars, and no more;

*one* dollars being for fee, and the sum of *one* dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above named, the said agents making no charge therefor.

*J. B. Cralle & Co.*  
(Signature of Attorneys.)

Witness my hand the year and day above written.

DISTRICT OF COLUMBIA, ss:

Personally came J. B. CRALLE & CO., whom I know to be the persons they represent themselves to be, and who, having signed above acceptance of agreement, acknowledged the same to be their free act and deed.

[L. S.]

*J. B. Cralle & Co.*  
(Official Signature.)

APPROVED FOR \_\_\_\_\_ DOLLARS, and payable to J. B. CRALLE & CO., of Washington, D. C., the recognized attorneys.

\_\_\_\_\_  
Commissioner of Pensions.



# FEE AGREEMENT.

No. 7621

CLAIM OF

Go. 18 Reg't.

Vols.

## FOR PENSION.

Nature of Claim.

FILED BY  
J. B. Cralle & Co.,  
Claimant's Attorneys  
Cralle Building,  
108 F STREET, N. W.,  
WASHINGTON, D. C.

### NOTICE TO CLAIMANT.

This Contract is Permissible Under the Law, but not Compulsory.

Read the Following Copy of the Statute:

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled.*

SEC. 3. That Section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent, attorney or other person, demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension and the pension agent to pay the same to the recognized attorney."

SEC. 4. That Section 4786 of the Revised Statutes is hereby amended so as to read as follows: "SEC. 4786. The agent or attorney of record in the prosecution of the case *may* caused to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be \$10 and no more. And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pension, claims for increase of pension on account of new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension-rolls on testimony taken by a special examiner, showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: *Provided*, That no greater fee than \$10 shall be demanded, received or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension has been allowed; *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of \$10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$100, or imprisoned at hard labor not exceeding two years, or both in the discretion of the court.

APPROVED JULY 4, 1884.







State of \_\_\_\_\_, County of \_\_\_\_\_, ss:

Sworn to and subscribed before me this day by the above-named affiant, I certify that I read said affidavit to said affiant, including the words \_\_\_\_\_ erased. and the words \_\_\_\_\_ added, and acquainted \_\_\_\_\_ with its contents before \_\_\_\_\_ executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant \_\_\_\_\_ personally known to me. and that \_\_\_\_\_ credible person.

[L. S.]

May 6 - 1890  
May 3 - 1892  
LMB.

Official Signature.

Official Character.

NOTE.—This can be executed before any officer authorized to administer oaths, whether he uses a seal or not.

247-545,790  
ADDITIONAL EVIDENCE.

CLAIM OF

Keopach Decker

Date \_\_\_\_\_ in Co. of \_\_\_\_\_ Reg't.

of \_\_\_\_\_ Vols.

Character of Claim.

Original Decker

No. 767, 178

CLAIMANT'S AFFIDAVIT.

— 0 —

FILED BY

J. B. CRALLE & CO.,

U. S. Claim Attorneys

CRALLE BUILDING,

108 C St., N. W. WASHINGTON, D. C.



# CLAIMANT'S AFFIDAVIT

STATE OF Wisconsin COUNTY OF Brown SS:  
In the matter of Leopold Debecker

late a Private in Co. G of the 18<sup>th</sup>  
Reg't of Wisconsin Vols., for Original Pension

On this 22<sup>nd</sup> day of November, A. D. 1901, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths, Leopold Debecker, aged 67 years, a resident of Champion in the County of Brown and State of Wisconsin whose Post office address is Champion, Wisconsin and well known to me to be reputable and entitled to credit, and who, being duly sworn, declares as follows:

That he is the claimant in the above-mentioned cause, and that he has never made application for a pension prior to March 13<sup>th</sup> 1890.



Horace Petriest

(If Claimant signs by mark, two persons who can write sign here.)

Leopold Debecker  
(Signature of Claimant.)

(3)



State of Wisconsin County of Brown, ss:

Sworn to and subscribed before me this 24 day of November, A. D. 1901.  
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words  
..... erased,  
and all the words..... added, and acquainted him  
with its contents before him executed the same. I further certify that I am in nowise interested  
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,  
and that he is a credible person.

(L. S.)

E. J. Gumpert  
Official Signature.  
Notary Public  
Official Character.  
Brown Co.

I, ..... clerk of the County Court in and for  
aforesaid County and State, do certify that..... Esq.,  
who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing.....  
..... in and for said County and State duly commissioned and sworn;  
that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this..... day of..... 1901.

[L. S.] ..... Clerk of the.....

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

ADDITIONAL EVIDENCE.

CLAIM OF

Late..... in Co..... Regt.  
of..... Vols.

Character of Claim.

Orig - General Sew

Chs. 54 5,740

CLAIMANT'S AFFIDAVIT.

FILED BY

J. B. Cralle & Co.,  
PENSION ATTORNEYS,

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.



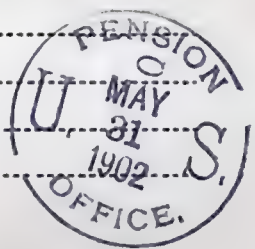
# CLAIMANT'S AFFIDAVIT.

State of Wisconsin, County of Brown, ss:  
In the matter of Leopold Debecker

late a Private in Co. G of the 18<sup>th</sup>  
Reg't of Wisc Vols., for Original pension Old Law

On this 17<sup>th</sup> day of May, A. D. 1902, personally appeared before me, a J. P. Public in and for the aforesaid County, duly authorized to administer oaths, Leopold Debecker aged 68 years, a resident of Champion in the County of Brown and State of Wisconsin whose Post office address is Champion W.B. and well known to me to be reputable and entitled to credit, and who, being duly sworn, declares as follows:

That he is troubled with palsy is the claimant in the above-mentioned cause, and that he is troubled with palsy to some extent and that at times his hand will shake so that he can't hold a pen and do any writing and that at such times he can't write his name and therefore has to sign by mark. While at some other times he can write his name same as will appear on this affidavit and that if any of his papers have been signed by mark it is due to the shaking of his hand at the time when the said were made out and that the said papers are genuine just the same.



Horace Petiniot  
Frank Dupont Leopold Debecker  
(If Claimant signs by mark, two persons who can write sign here.) (Signature of Claimant.)

(41)



State of Wisconsin County of Brown, ss:  
Sworn to and subscribed before me this 17th day of May, A. D. 1902  
by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words  
troubled with Palsy erased,  
and all the words he added, and acquainted him  
with its contents before he executed the same. I further certify that I am in nowise interested  
in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,  
and that he is a credible person.

(L. S.)

H. Dupont  
Official Signature  
Notary Public  
Official Character.

I, \_\_\_\_\_ clerk of the County Court in and for  
aforesaid County and State, do certify that \_\_\_\_\_ Esq.,  
who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing \_\_\_\_\_  
\_\_\_\_\_ in and for said County and State duly commissioned and sworn;  
that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 190 .

[L. S.]

Clerk of the \_\_\_\_\_

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

Quinn  
ADDITIONAL EVIDENCE.

CLAIM OF

Leopold W. Quisenberry

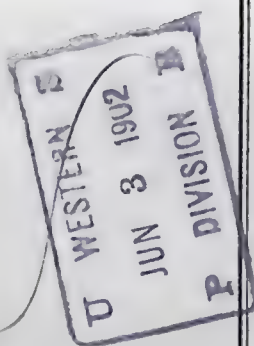
Late Co. H Reg't.  
of Mass. Vols.

Character of Claim.

Orig. - General Jan

Ex. 5-45,740

CLAIMANT'S AFFIDAVIT.

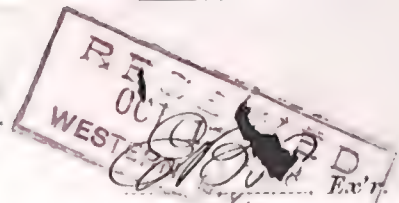


FILED BY

J. B. Cralle & Co.,  
PENSION ATTORNEYS,  
CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.





*West* Div.  
 Dep. Of. No. 545,740 Department of the Interior,  
 Leopold Debecker  
 Co. G, 18 Reg't Wis. Inf.  
 BUREAU OF PENSIONS,  
 Washington, D. C., Oct. 3<sup>rd</sup>, 1898

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

*Mr. Leopold Debecker,*  
*Champion,*  
*Brown Co., Wis.*

*A. C. Brown*  
 Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: *Yes, Julia Ann Debecker, Julia Ann Kimball*

No. 2. When, where, and by whom were you married? Answer: \_\_\_\_\_

*April 1868, Fayetteville, Wis. Rev. Ed. Lee*

No. 3. What record of marriage exists? Answer: *No record in existence*

No. 4. Were you previously married? If so, please state the name of your former wife and the

date and place of her death or divorce. Answer: *was not*

No. 5. Have you any children living? If so, please state their names and the dates of their

birth. Answer: *Levi Debecker born 25<sup>th</sup> 1868, Anton Debecker born 12<sup>th</sup> 1868, Victor Debecker born 11<sup>th</sup> 1870, Joseph Debecker aged 20 years, exact date of birth not remembered, Julia Debecker Oct. 22<sup>nd</sup> 1878, M. Lida Debecker May 22<sup>nd</sup> 1883.*

Date of reply, *Oct. 12<sup>th</sup>*, 1898.

*Leopold Debecker*  
 (Signature.)

*(57)*



3-337.  
(Old No. 3-164aa.)

*First* Div., *1004*, Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C. *Feb. 7*, 190*2*

Respectfully referred to the Chief of the  
Record and Pension Office, War Department,  
requesting ~~a full military and medical his-~~  
~~tory of the soldier~~

No other report on file.

*Serial No. 342740*  
Name, *Leopold Lieber*  
Co. *L*, *1st* Regt *Inf*, *vol.* *Inf.*  
*Chief Clerk*  
Commissioner.

Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT

Washington, *Feb. 12* 1902

Respectfully returned to the

Commissioner of Pensions,

with the information that in case of  
*Leopold Lieber* *vol.*  
*18* *His Enst records show*  
*Age at Enl 31 yrs.*



BY AUTHORITY OF THE SECRETARY OF WAR:

*Francis W. Smith*

Chief, Record and Pension Office.



Write nothing above this line.

6 (3-060.)

*Western* Div.  
*Hanno* Ex'r.

# Department of the Interior,

## BUREAU OF PENSIONS,

No. 762175

*Leopold Dobraker*

*G, 18. Wis. Inf.*

Washington, D. C., *Oct. 13*, 1890

SIR:

It is alleged that *Leopold Dobraker* enlisted *Oct. 14*, 1864  
and served as a *priv.* in Co. *G*, *18. Reg't Wis. Inf.*  
~~also as a~~ in Co. , ~~Reg't~~

and was discharged at *Louisville, Ky.*, *Jul. 18*, 1865

It is also alleged that while on duty at *Newbern, N.C.*  
on or about *Mar. 15*, 1865, he was disabled by *Rheumatism*

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:  
*Regimental Hospital.*

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Commissioner.

The Officer in Charge of the  
Record and Pension Division,  
War Department.



No. 762175

WAR DEPARTMENT,  
RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner  
of Pensions.

Leopold Debeck  
Co. 418 Reg't - 885 vol  
was enrolled 1864  
and M.D. with co. July 18, 1865

Write nothing to the left of this line.

From Dec 21, 1864, to June 30, 1865  
he held the rank of Private

and during that period the rolls show him  
present except as follows: action  
records furnish  
nothing additional  
bearing upon this  
case.

The medical records show him treated as  
follows Feb. 27 to Mch. 1865, Ep-  
idemic cholera, returned to  
duty.

Nothing additional found



By authority of the Secretary of War:

J. C. Ainsworth

Captain and Asst Surgeon, U. S. Army.

Per M.

Date

OCT 14 1890

(COMMISSIONER OF PENSIONS.)



DEAD

A. & N. S. Div. Notified.

SPECIAL EXAMINATION DIVISION.

3-297.  
(Old No. 3-594.)

AM.B

Claimant *L. Debecker* Department of the Interior,  
Soldier *Co. G. 18 Reg't Wis. Inf.* BUREAU OF PENSIONS,  
Discharged *July 1865* Washington, D. C., *Feb. 14, 1903.*

Mr. *Christian Beber*  
*Root Creek, Wis.*

SIR:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply requires no stamp.

Very respectfully,

*E. J. Hartz*  
Commissioner.

Q. Do you remember the soldier,

*Leopold Debecker*

*March 8<sup>th</sup> 1863*

*Christian Beber is dead.  
The undersigned was a member  
of Co. G. 18 Wis. can not remember  
L. Debecker my Regiment was discharged  
at Washington D.C. June 6<sup>th</sup> 1865.  
Beber was a member of Co. G. 18<sup>th</sup> Regt.*

*My address is, Peter Mergeler  
Station D. R. R. C  
Mil. Co. Wis*

ice?

number.)

DEAD  
A. & N. S. Div. Notified.



S. E. H. 112

MAR 12 1903

Bureau of Pensions.



SPECIAL EXAMINATION DIVISION.

3-297.  
(Old No. 3-594.)

amp. B.

Ref. No. 545,440,

Claimant L. Debesker Department of the Interior,  
Soldier

Co. G 18 Reg't Wis. Inf. BUREAU OF PENSIONS,

Enlisted Apr., 1864

Discharged July, 1865.

Washington, D. C., Feb. 12, 1903.

Mr. Sam'l. W. Gleason  
Bluevale, Neb.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply requires no stamp.

Very respectfully,

C. F. Warr  
Commissioner.

Q. Do you remember the soldier, \_\_\_\_\_  
as a member of your company?

Leopold Debesker

Ans. \_\_\_\_\_

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans. \_\_\_\_\_

Q. If you do remember any such wound, injury, or disease, state the nature of same.

Ans. \_\_\_\_\_

(Signature:)

Samuel W. Gleason

(Address:)

Utica  
Leward Co. Neb.

(In cities, street and number.)



S. E. D. FILES,

FEB 19 1903

Bureau of Pensions.

LETTER RETURNED.

SPECIAL EXAMINATION DIVISION.

3-297.

(Old No. 3-594.)

Claimant

Soldier

Co.

Entered

Discharged

Ct. No. 545,740,

L. Debecker

18 Reg. Wis. Inf.

Apr. 1864

July 1865

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Feb. 12, 1903.

Mr.

Lawrence Hibbard

Sir:

Juniata, Neb.

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply requires no stamp.

Very respectfully,

C. J. Hearn  
Commissioner.

Q. Do you remember the soldier,  
as a member of your company?

Leopold Debecker

Ans. \_\_\_\_\_

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans. \_\_\_\_\_

Q. If you do remember any such wound, injury, or disease, state the nature of same.

Ans. \_\_\_\_\_

(Signature: ) \_\_\_\_\_

(Address: ) \_\_\_\_\_

(In cities, street and number.)

LETTER RETURNED.



S. E. D. 11113  
MAR 19 1993  
Bureau of Prisons

## SPECIAL EXAMINATION DIVISION.

3-297.

(Old No. 3-594.)

Claimant

Soldier

Co.

Enlisted

Discharged

No.

545,740,

J. Debecker

G 18 Reg't Wis. Inf.

Apr. 1864

July 1865

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Feb. 12, 1903.

Mr.

Chas. H. Loomer

Alexandria, S. Dak.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and **return** this circular, **even though you do not remember the soldier** or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply **requires no stamp.**

Very respectfully,

*E. F. Hearn*  
Commissioner.

Q. Do you remember the soldier,  
as a member of your company?

Ans. *I think I saw such a man in the Co.*

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans. *I do not remember that he was wounded or diseased.*

Q. If you do remember any such wound, injury, or disease, state the nature of same.

Ans. \_\_\_\_\_

(Signature:)

*Chas H Loomer*

(Address:)

(In cities, street and number.)



W. A. R. L.  
MAR 2 1963  
BOSTON, MA

## SPECIAL EXAMINATION DIVISION.

3-297.

(Old No. 3-594.)

Off. No. 545,740,

Claimant

Soldier

L. Debecker

Department of the Interior,

Co.

G 18

Reg't

Wis. Inf.

BUREAU OF PENSIONS,

Enlisted

Apr.

1864

Discharged

July

1865.

Washington, D. C.,

Feb. 12,

1903.

Mr.

Edwin H. Mc Dougal,

Salem, Oregon.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply requires no stamp.

Very respectfully,

E. F. Hearn  
Commissioner.

Q. Do you remember the soldier, \_\_\_\_\_  
as a member of your company?

Leopold Debecker

Ans.

yes

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans.

he had no wound nor was sick while in service

Q. If you do remember any such wound, injury, or disease, state the nature of same.

Ans.

I don't think he ever went to sick  
call while in service

(Signature:)

Edwin H Mc Dougal

(Address:)

Dallas

(In cities, street and number.)

Oregon



S. J. H. :  
N. J.

LETTER RETURNED.

SPECIAL EXAMINATION DIVISION.

3-297.  
(Old No. 3-591.)

amp.

Claimant

Soldier

Co.

Entered

Discharged

No. 545, 940,

L. Debecker  
18 Reg't Wis. Inf.

Apr. 1864

July 1865

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Feb. 12, 1903.

Mr.

Franklin H. Mosher,  
Wausau, Wis.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply requires no stamp.

Very respectfully,

E. F. Hearn  
Commissioner.

Q. Do you remember the soldier,  
as a member of your company?

Leopold Debecker

Ans. \_\_\_\_\_

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans. \_\_\_\_\_

Q. If you do remember any such wound, injury, or disease, state the nature of same.

Ans. \_\_\_\_\_

(Signature: ) \_\_\_\_\_

(Address: ) \_\_\_\_\_  
(In cities, street and number.)

LETTER RETURNED.



U. S. DEPT. OF JUSTICE

MAR 5 1962

Bureau of Prisons

## SPECIAL EXAMINATION DIVISION.

3-297.  
(Old No. 3-594.)

A.M.B.

Claimant

Soldier

Co.

Enlisted

Discharged

No. 545, 740,

L. Debecker Department of the Interior,

G 18 Reg't Wis. Inf.

BUREAU OF PENSIONS,

Washington, D. C., Feb. 12, 1903.

Mr.

Joseph H. Williams  
Montrose, Colo.

Sir:

To aid this Bureau in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The enclosed official envelope for your reply requires no stamp.

Very respectfully,

C. F. Warr  
Commissioner.

Q. Do you remember the soldier,  
as a member of your company?

Leopold Debecker

Ans. I don't remember the man

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans. No

Q. If you do remember any such wound, injury, or disease, state the nature of same.

Ans.

(Signature:)

(Address:)

(In cities, street and number.)



U. S. DEPT. OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.  
JUN 26 1920

FOR AFFIDAVIT OF OFFICER OR COMRADE.

State of Wisconsin, County of Wood

In the Pension Claim No. 762175 of Seppold Debecker  
late a Private in Co. G of the 18th Reg't of Wis Vols.

personally appeared before me, a Joseph L. Foley in and for the aforesaid County, duly  
authorized to administer oaths, aged 29 years, a resident of  
Grand Rapids in the County of Wood and  
State of Wisconsin who being duly sworn according to law, stated that he is

acquainted with Seppold Debecker applicant for Invalid Pension, and know the  
said Seppold Debecker to be the identical person of that name who enlisted or  
volunteered as a Private in Company G 18th Regiment of  
Wis Vols., and who was discharged  
(Died or was discharged.)

at 18th on or about the 18th day of July, 1865,  
by reason of Loss of war  
(Here insert the reason of soldier's discharge; if known, so state, or, if he died, so state.)

That the said Seppold Debecker while in the line of duty, at or near  
New Germany in the State of N. C. did, on or  
about the 31st day of March, 1865, become disabled in the following manner, viz.:

Claimant contracted rheumatism con-  
(Here state the time and place and manner in which the wound or other injury was received, or the disease to which he was exposed, or the part of the body wounded  
plaining of severe pain in shoulders, and  
or injured, and all the circumstances attending it. If sickness, state the time and place when contracted, what caused it, the name of the sickness, and how  
affiant took him to surgeon for treatment  
for same.

That the facts are personally known to the affiant by reason of having been  
(The affiant should here state whether he was with the  
present as 1st Sergeant of claimant's  
command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the  
company when he contracted said disability  
soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.)  
and from having seen him affected by same

Good (P)



And deponent further state that he is well acquainted with the claimant, having known him for at least 25 years and further, that his knowledge of the facts above stated is derived from said acquaintance, and from having served as 1st Sgt. & Capt. of Company G. of the 18th Regiment of Wis. Volunteers, from the 5th day of Nov 1861, to the 19th day of July 1862. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he and that he is totally disinterested in this claim.

The address of affiant is Grand Rapids, Wood Co.

Witness by mark, two persons who can write sign here.)

of Grand Rapids, County of Wood

born to and subscribed before me this 11th day of June A. D. 1890, and

said said affidavit to said affiant, including the words

words added, and acquainted him

contents before he executed the same. I further certify that I am in no wise in

interest nor am I concerned in its prosecution; and that said affiant is personally known

he is a credible person.

[L. S.]

(Official Signature)

(Official Character.)

genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_

[L. S.]

Clerk of the \_\_\_\_\_

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Justice, however, the certificate of Clerk of Court should be attached, showing official capacity or Justice, if such certificate be not already on file.

ADDITIONAL

PROOF OF

CLAIM OF

Joseph A. Wheeler

18th Regt. Wis.

Grain Dam. Mass.

No. 762-175



FILED BY

J. B. CRALLE

Cralle Buil

108 C STREET

WASHINGTON

Post-office address:

Franklin D. Roosevelt

14<sup>th</sup>

, 1892

SIR:

In reply to your request I have to state that Leskole Debecker  
was wounded when in the line in both shoulders  
by an explosion while on duty in New  
Bern N. C. on or about the 15<sup>th</sup> day of  
March 1865. I remember to having  
been to the hospital while said Leskole  
to interpret him as he could not speak  
English the above is about all I can  
now remember for it is a very long  
time for to remember

Respectfully yours  
J. L. Coley

Late Capt to 2<sup>nd</sup> 18<sup>th</sup> R  
1st N. Y. V. N. Coy

Very respectfully,

COMMISSIONER OF PENSIONS,

Washington, D. C.

71



(3-489.)



Div.

Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., May 3, 1892

SIR:

To aid this Bureau in the adjudication of the claim of

*Leopold Debecker*

, please furnish a statement in your own hand-

writing setting forth all the facts within your personal knowledge relative to

the incurrence of *rheumatism* while in the  
*service*

In your reply please be as specific as possible in respect to dates, and describe  
as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse side of this letter will be appreciated.

Very respectfully,

*Green B. Raum*

Commissioner.

*Joseph L. Cotey,*  
*Grand Rapids,*  
*Wis.*

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

(3-351.) ✓

*Western* Division.

Department of the Interior,

BUREAU OF PENSIONS,

*Feb. 2.*, 1894.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his  
Office as to the presence or absence, on or about  
*March*, 1865,  
of 1<sup>st</sup> Sergeant.

*Joseph L. Cotey.*

of Co. G. 18. Wis. Vol. Inf  
and the station, at that date, of the same

Claim No. 762175  
*Leopold Debecker.*  
G. 18. Wis. Vol. Inf.

*James B. Kamm*  
Commissioner.

Address "The Officer in charge of the Record and Pension Division,  
War Department, Washington, D. C."

War Department,

Record and Pension Division,

Washington, FEB 5 1891, 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

*Joseph L. Cotey*

mentioned in the preceding endorsement ~~was~~ present  
during the period named in that endorsement except  
as follows:

*Returns does not show  
him absent*

During the period named the station of the company  
and regiment was as follows:

*Feb. 3. 65 - Goldsboro  
N. C.*

BY AUTHORITY OF THE SECRETARY OF WAR:

*W. H. Keim*  
Captain and Ass't Surgeon, U. S. Army.

Per *m*



# FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE As to Incurrence of Claimant's Disability or Disabilities.

The person making affidavit on this blank should be careful to fill in all the blank spaces as fully as possible. The paper may be sworn to before any officer authorized to administer oaths, whether he uses a seal or not.

State of Missouri County of Boonville

In the Pension Claim No. 762,175 of Leopold K. Brown  
late a private in Co. G of the 18 Reg't. of Vol.

personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths.

Affiant's Name here.

Age.

Affiant's place of residence here.

in the County of Boonville

County here.

State of Missouri who being duly sworn, according to law, states that He is  
Name of State. He is.

acquainted with Leopold K. Brown applicant for Invalid Pension, and know the  
Here affiant should state claimant's name.

said Leopold K. Brown to be the identical person of that name who enlisted or  
Claimant's Name here also.

volunteered as a private in Company G Regiment of Vol.  
Claimant's Rank here. Letter of Co. and No. of Reg't.

Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery. Vol. and who died  
Died or was discharged.

at Boonville on or about the 15 day of May, 1866,  
State, if you can, place of discharge or death. Day. Month. Year.

by reason of death  
Here insert the reason of soldier's discharge, if known; or, if he died, so state.

THAT THE SAID Leopold K. Brown while in the line of duty,  
Claimant's Name here.

incurred death  
Here state the wound, injury or disease claimant first incurred.

at or near Boonville State of Missouri on or about  
State at or near what place claimant incurred his disability. Name of State.

the 15 day of May year of 1866, under the following circumstances: by being  
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you can.  
and being killed by the enemy of the United States

## CLAIMANT ALSO INCURRED

Here state the second disability claimant incurred, if he incurred more than one.

at or near Boonville State of Missouri on or about  
State at or near what place claimant incurred his disability. Name of State.

the 15 day of May year of 1866, under the following circumstances: by being  
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

## THIRD DISABILITY

Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near Boonville State of Missouri on or about  
State at or near what place claimant incurred his disability. Name of State.

the 15 day of May year of 1866, under the following circumstances: by being  
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

## FOURTH DISABILITY

Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near Boonville State of Missouri on or about  
State at or near what place claimant incurred his disability. Name of State.

the 15 day of May year of 1866, under the following circumstances: by being  
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date of his death  
Here state "of discharge," if you know his disabilities existed at that

time, and if you do not know it, state why you have no knowledge of that fact.

Here state "of discharge," if you know his disabilities existed at that

Justice of the Peace (9)

That the facts are personally known to the affiant by reason of

The affiant should here state whether he was with the

complaint at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was affected, and in fact, all the circumstances he can possibly remember touching the claimant's incurrance of his disability. In a case of rupture, wound or injury, affiant should state if he saw the same at the time it was incurred or soon after, or at any time during the service, and should, if possible, describe its location and appearance. All the facts known to affiant relative to soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible.

And deponent further states that he is well acquainted with the claimant, having known him for at least thirty-two years and further, that his knowledge of the facts above stated are derived from said acquaintance, and from having served as a private of Company 1st of the 10th Regiment of Missouri Volunteers, from the 1st day of October 1864, to the 1st day of July 1865. And deponent further states that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that he is totally disinterested in this claim.

Postoffice address of affiant is

(If Affiant signs by mark, two persons who can write sign here.)

(Signature of Affiant.)

State of Missouri, County of St. Louis, ss:

Sworn to and subscribed before me, this 14th day of July, A. D., 1897, and I certify that I read said affidavit to said affiant, including the words erased, and the words added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution: and that said affiant is personally known to me, and that he is a credible person.

[L. S.]



May 6-1890  
May 3-1892,  
L.M.S.

Official Signature.

Official Character.

Certificate on file to cover date of execution.  
Western Division

NOTE.—This can be executed before any officer authorized to administer oaths, whether he uses a seal or not.

AFFIDAVIT OF A

COMMISSIONED OFFICER,  
FIRST (ORDERLY) SERGEANT,

OR A

COMRADE,  
As to incurrance of Claimant's  
Disability or Disabilities.

CLAIM OF

Route in Co. Reg't.

of Yols.

Character of Claim.

FILED BY

J. B. CRALLE & CO.,  
U.S. Claim Attorneys  
CRALLE BUILDING,  
108 C St., N. W., WASHINGTON, D. C.



West

Div.

J. F. W. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C.,

May 3, 1892

Return this letter with your reply.

SIR:

To aid this Bureau in the adjudication of the claim of

Leopold Debecker

, please furnish a statement in your own hand-

writing setting forth all the facts within your personal knowledge relative to  
the incurrence of *rheumatism* while in  
the service.

In your reply please be as specific as possible in respect to dates, and describe  
as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse side of this letter will be appreciated.

Very respectfully,

Gwen Braun

Commissioner.

Adrien Massy,  
Robison,  
Wis.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

Post-office address: .....

, 189

SIR:

In reply to your request I have to state that

*je ne sait pas  
écrire en anglais  
et bien peu en français voyez ce que  
j'ai dit dans mon affidavit:  
je ne saurais pas dire plus*

Very respectfully,

*adrien masey*

COMMISSIONER OF PENSIONS,

Washington, D. C.



L. Decker  
Es- 18- wis- Inf.  
545-740

vir:

Xiv: I do not know how to write  
English and very little French;  
this is what I said in my  
affidavit and I can say no more.  
(Signed) Adrien Masey.

Transmitted from the General Land Office  
by A. J. Smith, Dec. 10.

(9)

*West 4* Division. *72*

# Department of the Interior,

BUREAU OF PENSIONS,

*J. F. W.* *May 3*, 18*92*.

Respectfully requested of the ADJUTANT  
GENERAL U. S. A. a report from the records of his

Office as to the presence or absence, on or about

*July* *5*, 18*65*,  
of *Adrien Massy*.

of *Pri. G. 18 Wis. Inf.*

and the station, at that date, of the *G.*

Claim *No. 545740*

*Georgel Debraker same.*

*Green Braun*

Commissioner.

## War Department,

Record and Pension Division,

Washington, *MAY 6 1892*, 18

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

*Adrien Massy*

*Name Adrien Massy has*  
*not been found on roll covering*  
*period named*  
*mentioned in the preceding endorsement was present*  
*during the period named in that endorsement except*  
*as follows:*

*He was u. o. with Co*  
*July 18. 1865.*

During the period named the station of the company  
and regiment was as follows: *June 30 +*

*July 1865. Louisville, Ky.*

BY AUTHORITY OF THE SECRETARY OF WAR:

*Deaismont*

Major and Surgeon, U. S. Army.

*Per Dm.*



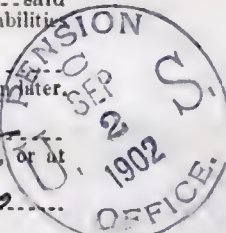
## Neighbor's or other Person's Affidavit.

State of Wisconsin, County of Brown, ss:In the matter of Lehold Hebecker  
late a Private in Co. 6 of the 18<sup>th</sup> Reg't. of Wis. Vols.,On this 25 day of July, A. D., 1902, personally appeared before me, a Notary Public and for the aforesaid County, duly authorized to administer oaths Joseph Laurent aged 61 years, a resident of Champion  
Name of Affiant. Residence.  
in the County of Brown and State of Wisconsin whose  
Postoffice address is Champion, Wisconsin and well known to me to be  
Here state P. O. address of Affiant.

reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That his occupation is farming  
Affiant should here state his occupation.and the soldier's is a farmer; and that he became acquainted  
Here state the soldier's occupation.with said soldier in the year of 1858; and that his acquaintance with him has  
Here state year acquaintance began.been continuous from that time up to the present date  
Here state the present, if acquaintance so continued; if not, state the year it ceased.and that he has lived within a mile & a half of him  
Here state how near you lived to the soldier.and that he has seen him on an average of twice a week  
State how often you have seen the soldier, on an average.

average, during the above period.

At the time of his return home from the army  
After the word "At" state the following: "The time of the soldier's return home from the army at discharge;" or, if you did  
not know of his disabilities then, state the date from which you first gained knowledge that he suffered from his disabilities.  
in his back & shouldersIn the month of \_\_\_\_\_ year of \_\_\_\_\_ said  
Here state the month and year of the soldier's discharge; or, if you did not know then, state when you first knew of his disability.soldier was suffering from \_\_\_\_\_  
State the disabilities the soldier was suffering from at discharge, or at date of your acquaintance, if it began later.and was affected as follows by said disabilities: He suffered sharp pain  
State how the soldier was affected by his disabilities at the date of his discharge, or at  
in his back & shoulders and could do  
the date you first knew of them.no work and could move only with  
pain and difficulty and he has continued  
that he continued to suffer from said disabilities in the manner described from the time stated up to  
the present time  
the date of your acquaintance with him, or the date of your knowledge of his disabilities ceased.  
in the winter & spring  
year of the above period the soldier has been disabled by reason of said disabilities to the extent of at least 2/3.  
Here state, to theof the time  
best of your knowledge and belief, the extent to which the soldier has been disabled, whether  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{2}{3}$ ,  $\frac{1}{4}$ , or totally, as the case may be.  
for the performance of manual labor by reason of above stated disabilities, and in consequence thereof lost  
about two thirds of his time.State, as near as you can, the amount of time lost, whether  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{2}{3}$ ,  $\frac{1}{4}$ , or entirely, as the case may be.That his means of knowing the facts above testified to are as follows: that he hasYou not being a physician, you are required to state  
seen that he had to have some of his  
how you know the facts you have testified to. You should, therefore, state whether you ever nursed the soldier sat up with him when suffering with  
not has do his farm work for him when  
his disabilities and confined to his house; or worked for him, or exchanged work with him; or assisted him in any way; or heard his physician speak of his  
himself could do nothing and that he  
disabilities in any way; or the soldier mention his disabilities. In case of rupture, the affiant should be careful to state how he knew of its existence im-  
has heard Drs. Monroe & James declare  
mediately after soldier's discharge; such as soldier having shown him the rupture; having seen soldier's uncovered body while bathing or dressing; or  
his sufferings to be Rheumatism  
having seen him adjust his truss, or as the case may have been.

1141



and he further declares that he has no interest in said case and is not concerned in its prosecution.

Postoffice address of affiant is

Campground, Wisconsin

Desire Ferrier

Olga Petrusot

If affiant signs by mark, two persons who can write sign here.

Joseph Laurent

Signature of Affiant.

State of Wisconsin County of Brown ss:

Sworn to and subscribed before me this 25 day of July, A. D. 1902, by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words erased, and all the words him added, and acquainted him with its contents before him executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

G. Dupont

Official Signature.

Notary Public.

Official Character.

(L. S.)

County of Brown State of Wisconsin

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes

NEIGHBOR'S OR OTHER PERSON'S

AFFIDAVIT,

AS TO THE EXISTENCE AND CONTINUANCE OF  
SOLDIER'S DISABILITIES.

CLAIM OF

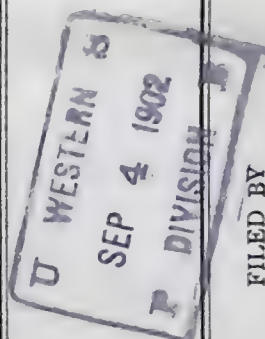
Adolph Rebeck

Late in Co. G 1st Reg't  
of 11th Vols.

Character of Claim.

See Civil Law

54945



FILED BY

J. B. Cralle & Co.,  
PENSION ATTORNEYS,

CRALLE BUILDING,

108 C ST. N. W., WASHINGTON, D. C.



# Neighbor's or other Person's Affidavit.

State of Wisconsin County of Brown, ss:

In the matter of Seppold, Sebuck  
late a Private in Co. G of the 18<sup>th</sup> Reg't. of Thuse Vols.,

On this 12<sup>th</sup> day of July A. D., 1902, personally appeared before me, a Notary Public, in and for the aforesaid County, duly authorized to administer oaths Emil Louis aged 50 years, a resident of Champion  
Name of Affiant. Residence.

in the County of Brown and State of Wisconsin, whose Postoffice address is Champion and well known to me to be Here state P. O. address of Affiant.

reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That his occupation is farmer & laborer  
Affiant should here state his occupation.

and the soldier's is a farmer; and that he became acquainted  
Here state the soldier's occupation.

with said soldier in the year of 1876; and that his acquaintance with him has  
Here state year acquaintance began.

been continuous from that time up to the present time  
Here state the present, if acquaintance so continued; if not, state the year it ceased.

and that he has lived within a mile and a half (1 1/2) of him  
Here state how near you lived to the soldier.

and that he has seen him twice a week on an  
State how often you have seen the soldier, on an average.

average, during the above period.

At the time he first became acquainted  
After the word "At" state the following: "The time of the soldier's return home from the army at discharge;" or, if you did

not know of his disabilities then, state the date from which you first gained knowledge that he suffered from his disabilities.  
with Seppold Sebuck he was suffering from Rheumatism and that he has always  
In the month of June year of 1876 said

Here state the month and year of the soldier's discharge; or, if you did not know then, state when you first knew of his disabilities  
soldier was suffering from Rheumatism and to be

unable to do any manual labor for a  
State the disabilities the soldier was suffering from at discharge, or at date of your acquaintance, if it began later.

and was affected as follows by said disabilities: great deal of the time during the  
State how the soldier was affected by his disabilities at the date of his discharge, or at

the date you first knew of them.

Twenty five years which he has  
That he continued to suffer from said disabilities in the manner described from the time stated up to

the present time and during each and every  
Here state "present time" or the date your knowledge of his disabilities ceased.

fact that he has been disabled near nothing with  
year of the above period the soldier has been disabled by reason of said disabilities to the extent of at least

him for several winters when he was running  
a lumbering camp near by his farm

best of your knowledge and belief, the extent to which the soldier has been disabled, whether partly or totally, as the case may be.

and going through his start every day twice  
for the performance of manual labor by reason of above stated disabilities, and in consequence thereof lost

about one half of his time.  
State, as near as you can, the amount of time lost, whether partly or entirely, as the case may be.

That his means of knowing the facts above testified to are as follows: do so himself because of Rheumatism  
You not being a physician, you are required to state

how you know the facts you have testified to. You should, therefore, state whether you ever nursed the soldier sat up with him when suffering with

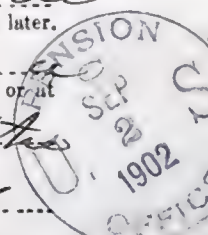
and from having visited him and seen  
his disabilities and confined to his house; or worked for him; or exchanged work with him; or assisted him in any way; or heard his physician speak of his

him suffer, and that he considered  
disabilities in any way; or the soldier mention his disabilities. In case of rupture, the affiant should be careful to state how he knew of its existence im-

mediately after soldier's discharge; such as soldier having shown him the nature; having seen soldier's uncovered body while bathing or dressing; or

annually during the time of his acquaintance  
having seen him adjust his truss, or as the case may have been.

with him, because of said Rheumatism.





and he further declare that he has no interest in said case and is not concerned in its prosecution.

Post office address of affiant is

Champion: Brown  
County Wisconsin

Eliza Petiniot

Adele Dupont

If affiant signs by mark, two persons who can write sign here.

Ernest Davis

Signature of Affiant.

State of Wisconsin County of Brown ss:

Sworn to and subscribed before me this 12th day of July, A. D. 1902, by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words erased, and all the words added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

(L. S.)

G. Dupont

Official Signature.

Notary Public

Official Character.

Brown Wisconsin

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes

NEIGHBOR'S OR OTHER PERSON'S

AFFIDAVIT,

AS TO THE EXISTENCE AND CONTINUANCE OF  
SOLDIER'S DISABILITIES.

CLAIM OF

Arnold Becken

Late in Co. G 1st Reg't.  
of 3rd Vols.

Character of Claim.

Unsubscribed

ent No. 545745

FILED BY

J. B. Cralle & Co.,

PENSION ATTORNEYS,

SEATTLE BUILDING,

1008 SIXTH W., WASHINGTON, D. C.

RECEIVED  
DIVISION  
1902



Act of June 27, 1890.

**IMPORTANT.**—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

STATE OF Indiana, COUNTY OF St. Joseph, SS:

In the matter of the application for pension of Leopold G. Becker

of Robinson County of Iowa, State of Iowa.

On this 22<sup>nd</sup> day of April A. D., 1898, personally appeared

before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer

oaths.....4.20.1960.....aged 28 years, a resident of Polzin

in the County of Alameda and State of California whose

Postoffice address is \_\_\_\_\_ and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

**Instructions!**  
Read  
Carefully.

The physician making a statement on this blank should state *fully and explicitly* all the disabilities of a permanent character, either mental or physical, from which the claimant is now suffering, and to what extent, in his opinion, the claimant is disabled by reason of said disabilities for the performance of manual labor (hard work), whether  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$ , or entirely, as the case may be.

He should also particularly state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

That I have examined Leopold  
Hebrach, your son-in-law,  
who was taken with disease  
of the lungs, and that  
I find him in the fol-  
lowing condition: That he is  
suffering from Chronic Pneumonia,  
which is involvement of  
the lungs & also Gastric  
involvement such as nature as  
to render him incapable of  
performing any labor on  
his farm, nor any ordinary  
manual labor on the farm  
at all. That I consider him fairly  
hopeless & that the  
disease is incurable.

24-5 215,741-3  
ACT OF JUNE 27, 1890.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Date \_\_\_\_\_ in Co. \_\_\_\_\_ Reg't. \_\_\_\_\_  
of \_\_\_\_\_ Vols. \_\_\_\_\_

FOR

ORIGINAL INVALID PENSION.

No. \_\_\_\_\_

FILED BY

J. B. CRALLE & CO.,

U. S. Claim Attorneys

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

He further declares that he has practiced medicine \_\_\_\_\_ years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

(Affiant's Signature.)

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, A. D., 189 \_\_\_\_\_, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

*Certificate on file to follow  
May 3-1891  
[L/S.] execution, Wm. C. Galt  
Western Division.*

(Official Signature.)

(Official Signature.)

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.





3-056.

Div.

Ex'r.

*Wm. T.*  
 Div.  
 No. 545,748  
 Lockpold Lieberman  
 Co. 18 Wis. Inf.

Department of the Interior,  
 BUREAU OF PENSIONS,

Washington, D. C., *Dec 19*, 189*9*

*Sir:*

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

*Mr. Police Wells,*  
*Robinson,*  
*Wis.*

Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: *in August, 1865. I can fix the*  
*date because I helped him harvest his wheat*

Of what disability did he then complain, and how was he affected?

Answer: *he was suffering from rheumatism*  
*and he could not do his own harvesting*  
*he had pain, and swelling, and stiffness in his shoulder*  
 Did he continue to suffer from said disability? *If so, please state how frequently you saw him, what*  
 symptoms you observed, and the extent to which he was disabled for the performance of manual  
 labor during each year.

Answer: *he always continued to suffer from said*  
*disability. I saw him on an average of two*  
*times a week. he always walk with a*  
*stiff motion of the back and has difficulties in moving*  
*his arms. his shoulders. he is disabled about 2/3.*

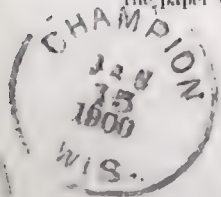
The COMMISSIONER OF PENSIONS.

*Pollock Mass*

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

0-4

*Melanie Larose P.M.*



(14)



# GENERAL AFFIDAVIT

State of Wisconsin, County of Brown  
 In the matter of Seaford Webster late a Private in Co. G of the  
18<sup>th</sup> Reg't. of Wis Vols., for Org. Du. Tamm  
 On this 25 day of October A. D., 1890, personally appeared  
 before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer  
 oaths John Nelson aged 53 years, a resident of Robinson  
 in the County of Brown and State of Wis whose  
 Postoffice address is the same and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he is a farmer, and that he became acquainted  
with the soldier above named in 1855, and knew that  
from to, subsequent he was, a sound, able, healthy man, entirely  
free from rheumatism or any tendency thereto.

That from date of soldier's discharge and return of my  
the army up to the present time, he (affiant) has lived  
within from 1/4 to 3 miles of soldier, having him on an  
average of about twice a week; that he knows that said  
soldier continued to suffer with rheumatism during all of this  
period from discharge to present, being afflicted with  
praying, swelling and stiffness of both shoulders, and moving  
with great difficulty. That by reason of said dis-  
abilities soldier has been unable to perform more than  
1/3 the labor of an able bodied man, and has for the  
same reason, lost two months pay since discharge,  
from manual labor.

Affiant knows these facts from personal acquaintance and  
observation, having asked for and seen him, seeing him  
suffer and hearing him complain and also hearing  
Mr. Monroe (a dr.) call it rheumatism, that he has  
often visited soldier and seen him suffer

Affiant further declare that he has no interest in said case and is  
 not concerned in its prosecution.

(If Affiant signs by mark, two persons who can write, sign here.)

John Nelson  
 (Signature of Affiant)

Good (14)  
Continued to date  
John Nelson? Robinson, Wis.



State of Arkansas, County of Brown, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including <sup>all</sup> the words \_\_\_\_\_, and the words \_\_\_\_\_ added, and acquainted \_\_\_\_\_ with its contents before \_\_\_\_\_ executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant \_\_\_\_\_ personally known to me, and that \_\_\_\_\_ a creditable person.

[L. S.]

May 6 1890

May 3 1892

L.M.

Gug Dupont  
(Official Signature.)

Justice of the Peace  
(Official Character.)

I, \_\_\_\_\_, Clerk of the County Court, in and for aforesaid County and State, do certify that \_\_\_\_\_ Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing \_\_\_\_\_ in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_ 189 \_\_\_\_\_.

[L. S.]

Clerk of the \_\_\_\_\_

This affidavit may be sworn to before any officer authorized to administer oaths. If executed before a Notary or Justice, however, the certificate of Clerk of Court should be attached, showing official capacity of said Notary or Justice, if such certificate be not already on file.

*Certificate on file*

ADDITIONAL EVIDENCE.

CLAIM OF

Leahold A. Walker

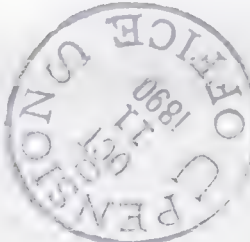
Isate \_\_\_\_\_ in Co. \_\_\_\_\_ Reg't.

of \_\_\_\_\_ Vols.

Character of Claim.

Original Deed

No. 72 170



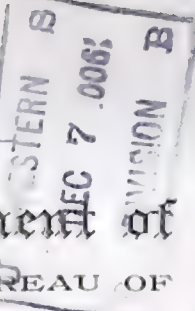
FILED BY

J. B. CRALLE & CO.,  
Cralle Building,

108 C Street, Northwest,

WASHINGTON, D. C.

3-056.



Div.

Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Nov. 25, 1900

*Letter*  
*Serial No. 345746*  
*Geopold Debrocker*  
*518 Wis. Vol. Inf.*  
*(Act of July 14 1862)*

*Sir:*

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

*W. J. Quinn-Turner,*  
*Robinson,*  
*Wis.*

*W. A. C. Smith*  
Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: \_\_\_\_\_

Of what disability did he then complain, and how was he affected?

Answer: \_\_\_\_\_

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: \_\_\_\_\_

Very respectfully,

The COMMISSIONER OF PENSIONS.

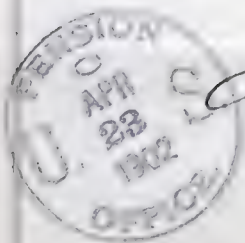
NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.



State of Wisconsin } ss  
County of Brown }

On this 8<sup>th</sup> day of April A.D. 1902  
Personally appeared before me a  
Justice of the Peace. within and for  
the County aforesaid. Guyard Dupont  
aged 59 years. old resident of the  
Town of Green Bay. County of Brown  
State of Wisconsin. Who being  
duly sworn according to Law. declares  
that he is the Health Officer. for the  
said Town of Green Bay. and  
that he has in his custody the  
records of the said office of Health  
- Officer. and that the said records  
show. that Jacques Terrier  
who was a resident of the said Town  
of Green Bay. Died on the 26<sup>th</sup>  
day of August. A.D. 1900.

Guyard Dupont  
Sworn to. & Subscribed before me this  
8<sup>th</sup> day of April A.D. 1902.



Jas Baumguignon.  
Justice of the Peace.

Claim of <sup>Samuel J. 1870</sup>  
and

Leopold Rebeck

Dec. 4, 1870

Via Vols.

For

Original Patent

General Law

cert. No. 57457

Filed

WASHINGTON  
JAN 10 1871

J. B. Lralles

Washington

W. H.



# GENERAL AFFIDAVIT

State of Wisconsin, County of Brown  
 In the matter of Leopold Rebecker late a Private in Co. G of the  
18<sup>th</sup> Reg't. of Wis. Vols., for Orig. Dist. Tribune  
 On this 3<sup>rd</sup> day of September A. D., 1890, personally appeared  
 before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer  
 oaths Jacques Fiermer aged 64 years, a resident of Robinson  
 in the County of Brown and State of Wis. whose  
 Postoffice address is the same and well known to me to be

reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

*[Note: Affiant should state his means of knowing the facts to which he testifies.]*  
 That he is a farmer and that he became acquainted  
 with the soldier above named in 1860 and knows that  
 prior to, subsequent, he was a sound able bodied man,  
 subject free from rheumatism or any tendency thereto.  
 From date of soldier's discharge up to the present  
 time, he (affiant) has lived within about two miles of  
 soldier, seeing him on an average of once a week;  
 that he knows said soldier continued to suffer with  
 rheumatism during all period from discharge to present  
 being afflicted with pain and swelling of shoulder,  
 pain in same being so acute that he could not  
 move his arm, and that in consequence of said disability  
 soldier has lost about 6 weeks of his time each year and  
 for the same reason has been unable to perform more than  
 about 1/3 the labor of an able bodied man.  
 Affiant knows these facts from personal acquaintance and  
 direct observation, having worked for him with such other  
 having visited him and up with him when ill with  
 the rheumatism, and having heard Mr. Fiermer state  
 that soldier was afflicted with rheumatism of the joints  
 of the shoulder.

Affiant further declare that he has no interest in said case  
 not concerned in its prosecution.

(If Affiant signs by mark, two persons who can write, sign here)

Jacques Fiermer

(Signature of Affiant.)

(13)

Continued to date  
 Jacques Fiermer, Robinson, Wis.





RECORD & PENSION OFFICE

1902

2127150

1902

DEPARTMENT

3-334.  
(Old No. 3-061.)

Div.

Ex'r.

*Sanborn*  
*Jan 21/02*  
*West*  
*way*  
Inv. No. 545740  
*Leopold Debreker*  
*15 Wis. Vol. Inf.*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. *Jan. 23, 1902*

SIR:

For use in the above-entitled claim for pension  
please furnish a report from the records of your  
office as to the presence or absence on or about

*march*, 1865  
of *Gregoire Dupont*  
*15 Wis. Vol. Inf.*

and the station at that time of the *said*  
*soldier*.

Very respectfully,

*Henry Brand*

Commissioner.

The CHIEF OF THE  
RECORD AND PENSION OFFICE.  
WAR DEPARTMENT.

Record and Pension Office,  
WAR DEPARTMENT.

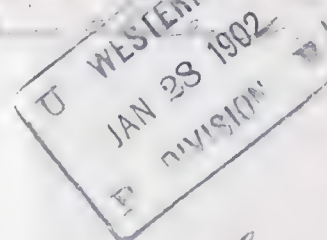
Respectfully returned to the  
Commissioner of Pensions.

The rolls show that..

*Gregoire Dupont*

named in the above inquiry *was* present  
during the period mentioned ~~except as follows:~~

*Return does not show*

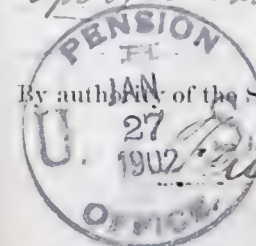


The station of the *bo*

during said period was as follows:

*Feb. 28/65 near Newbern N.C.*  
*Apr 30/65, near Raleigh N.C.*  
*Apr 5/65 Goldsboro N.C.*

By authority of the Secretary of War:



Chief of Office.

Per *m*

Washington, D. C., 1902

WESTERN

Div.

W. A. L. Ex'r.

Inv. No. 545740  
Leopold Debreker  
G. 18 Wis. Vol. Inf.  
d. of July 14 1862

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Jan 23, 1902

Sir:

To further aid this Bureau in determining the merits of the above-entitled claim for pension, be kind enough to answer in your own handwriting the following questions, giving more complete details than your affidavit affords.

Very respectfully,

Mr. Gignoux Dupont,  
Champion  
Wise.

H. C. Evans

Commissioner.

When did you first see the soldier after he returned from the army, and how do you fix the date?

Answer: On the 16<sup>th</sup> day of August 1865. - I was at the annual picnic of Robinsonville which invariably takes place on the 15<sup>th</sup> day of August and then he was reported to me as being badly sick, and I went to see him on the next day, the 16<sup>th</sup>.

Of what disability did he then complain, and how was he affected?  
Answer: He was suffering of rheumatism in his shoulders. his pains were very acute.

Did he continue to suffer from said disability? If so, please state how frequently you saw him, what symptoms you observed, and the extent to which he was disabled for the performance of manual labor during each year.

Answer: He has always suffered from rheumatism, and is suffering yet. I see him on an average of about 25 times a year. Saw him last on the 6<sup>th</sup> of this month. he always moves slow and with difficulty.

Very respectfully,

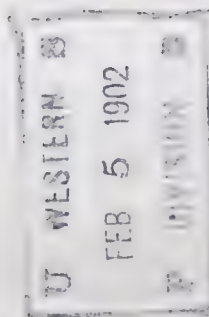
The COMMISSIONER OF PENSIONS.

G. Dupont

NOTE.—If the witness is unable to write, it is suggested that he request some competent person to aid him in replying to this circular; his mark to be attested by the postmaster or some other United States official, who should certify that the contents of the paper were fully made known to the witness before his mark was placed thereon.

(111)





Post-office address:

Champion Wis  
Jan. 29<sup>th</sup>, 1902

SIR:

In reply to your request I have to state that while at New Bern N. C. about the middle of March 1865 Leopold Debever suffered very sharp pain in his shoulders he could get no sleep night and could move with great difficulties and join his arms were so sore and stiff that he experienced great pain fetching his hand to his mouth eating. Dr. J. J. Whitney treated him giving him some medicines and also some pills to take and some liniment to rub on the parts afflicted. he said it was inflammatory Rheumatism and that he would be well again in a few days. he got better after a while but he was never cured and he has had some severe relapses since.

Very respectfully,

G. Dupont

COMMISSIONER OF PENSIONS,

Washington, D. C.

(11)



3-375:  
(Old No. 3-489.)

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C.

JAN 23, 1902

SIR:

To aid this Bureau in the adjudication of the above-entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of any wound, injury, or disease, by Leopold Debraker while in the service.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Kindly answer upon the reverse of this letter and return the same in the inclosed envelope, which requires no postage.

Very respectfully,

Commissioner.

Mr. Gregoire Dupont,  
Champion,  
Wise.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

No. 3.

FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE,  
As to Incurrence of Claimant's Disability or Disabilities.

The person making affidavit on this blank should be careful to fill in all the blank spaces as fully as possible. The paper may be sworn to before any officer authorized to administer oaths.

State of Wisconsin, County of Brown, SS:

In the Pension Claim No. 4 of Leopold Debecker  
late a private in Co. G of the 18<sup>th</sup> Reg't. of Wisconsin Vols.,  
personally appeared before me, a Gregoire Dupont in and for the aforesaid County, duly  
authorized to administer oaths. Affiant's Name here. aged 59 years, a resident of  
Chippewa in the County of Brown and  
Affiant's place of residence here. County here.

State of Wisconsin who being duly sworn, according to law, states that he was a  
private in Co. G of the 18<sup>th</sup> Reg't. of Wisconsin Vols.,  
and was well acquainted with Leopold Debecker this applicant for Pension, and  
Here affiant should state claimant's name.

know him to be the identical person of that name who served as a private in Company G  
18<sup>th</sup> Regiment of Wisconsin Infantry Vols.  
Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery.

THAT THE SAID Leopold Debecker while in the line of duty,  
Claimant's Name here.

incurred Rheumatism  
Here state the wound, injury or disease claimant first incurred.

at or near Seaborn State of North Carolina or about  
State at or near what place claimant incurred his disability. Name of State.

the 20<sup>th</sup> day of March year of 1865 under the following circumstances: he had  
Day. Month or season. Year. Here state all of the circum-

been complaining of some pain in his shoulder  
stances under which claimant incurred the disability. Write them out as fully as you can.

for a while and one day when he stood guard when it  
was raining he became cold and suffered more. he could  
not sleep because of the pain and had some difficulty  
walking back to camp. Doctor Whitney said that  
at or near Rheumatism State of North Carolina on or about  
State at or near what place claimant incurred his disability. Name of State.

Rheumatism and created him for Rheumatism he also is  
the day of year under the following circumstances:  
Day. Month or season. Year. Here state all of the circum-

suffered more or less after that during his stay in the  
service up to the time of his discharge. and he has  
stances under which claimant incurred the disability. Write them out as fully as you possibly can.

almost suffered more or less since at times  
he is confined to his house and even to his bed  
THIRD DISABILITY  
Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near State of on or about  
State at or near what place claimant incurred his disability. Name of State.

the day of year under the following circumstances:  
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

FOURTH DISABILITY

Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near State of on or about  
State at or near what place claimant incurred his disability. Name of State.

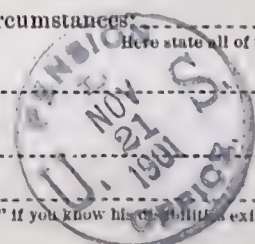
the day of year under the following circumstances:  
Day. Month or season. Year. Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date U/I

Here state "of discharge," if you know his disabilities existed at that

time, and if you do not know it, state why you have no knowledge of that fact.





That the facts are personally known to the affiant by reason of having been a private  
in Co. G 18 Regt Val. Wisconsin Army Left and of his  
command at the time the claimant contracted his disability, and if he saw claimant when he was first taken sick, and how he was affected, and in fact, all  
been with the company at the time when Leopold Debecker contracted  
the circumstances he can possibly remember touching the claimant's incurrance of his disability. In a case of rupture, wound or injury, affiant should state  
rheumatism and up to the time of his discharge and also  
if he saw the same at the time it was incurred or soon after, or at any time during the service, and should, if possible, describe its location and appearance  
for having lived in the same town with him during  
all the time from the time of his discharge from  
the service. He further declares that he has no interest in said case and is not concerned in its prosecution.  
Post office address of affiant is Chesham Brown  
County, Wisconsin

Wm A. Saunders

If affiant signs by mark, two persons who can write sign here.

Signature of Affiant.

State of Wisconsin County of Brown, ss:

Sworn to and subscribed before me this 5 day of November, A. D. 1901.

by the above-named affiant, and I certify that I read said affidavit to said affiant, including all the words

erased,

and all the words wrote the affidavit himself added, and acquainted affiant

with its contents before executed the same. I further certify that I am in nowise interested

in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me,

and that he is a credible person.

Wm Handley

Official Signature.

(L. S.)

Chief of Circuit Court

Official Character.

Brown County - Wisconsin

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

AFFIDAVIT OF A  
COMMISSIONED OFFICER,  
FIRST (ORDERLY) SERGEANT,  
OR A  
COMRADE,  
As to incurrance of Claimant's  
Disability or Disabilities.

CLAIM OF

Leopold Debecker  
Late in Co. G 18 Reg't  
of Wisconsin Vols.

Character of Claim.

Orig. - General Sur  
ex. No. 575,770

U WESTERN S  
NOV 23 1901

P DIVISION B  
FILED BY

J. B. Cralle & Co.,  
PENSION ATTORNEYS,  
CRALLE BUILDING,

108 C St. N. W., WASHINGTON, D. C.

1964

31.

1133

1002

69 Yrs in 1902



DEPOSITION

Case of Lesfeld De Becker No. 545,740,

On this 11<sup>th</sup> day of August, 1903, at  
Champion, county of Winn,  
State of Wisc, before me, Cyrus E. King, a  
special examiner of the Bureau of Pensions, personally appeared

Emil Louis, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 50.

Occupation - Farmer and Hotel & Saloon Business.

Post office address as above & can not  
related to claim. I have no interest  
in this claim. I have known him 20 years  
or more. I met him just two days.  
He has been complaining at times - ever  
since I knew him. He said  
that he had a sore back & rheumatism,  
and that he could not stand any work.  
He complained of rheumatism in this arm  
and shoulder. I was traveling about a half  
mile from his place, and I often would see  
him sitting around his house and he said  
that he could not work. I understood that  
4 years I was through last year I have  
seen him in bed already. He told me that  
he had pain in his back & shoulder. I  
never met any work this. I have seen  
him some times when he could hardly  
walk. I heard him talking alone when  
I first knew him that he always had  
a sore back, and this and that. I don't think  
he ever does much work since I have  
known him. I don't know for sure but  
I don't think he could do much. Of  
course I could not tell whether he  
it or not, but I always see him with  
a claim. I don't remember that I ever  
heard him complain of anything besides

This book of statements. I was a witness  
for this case before J. B. that is my  
signature. I don't know just how much work  
he was able to do, but don't think he  
has been able to do a great deal. I  
have seen this wife and a his girl sitting  
and he would be sitting around the house  
complaining of rheumatism. I have heard  
the judge's counsel, but it is correct.

Ernie Davis

Deponent

Deponent.

Suborn to and subscribed before me this 11<sup>th</sup> day of August,  
1903, and I certify that the contents were fully made known to Deponent  
before signing.

Ernest E. Lueders

Special Examiner.



DEPOSITION

Case of Leopold Debecker No. 545,740.

On this 11 day of August, 1903 at  
Champion, county of Prigg  
State of Mo., before me, Ernest E. Briggs, a  
special examiner of the Bureau of Pensions, personally appeared

Volice Melie, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 70.  
Occupation - former Post-Office addressee as above & has not related  
to claimant. I have no interest in this claim. I have known  
him for about 40 years I knew him before he went to the war.  
He did not stay anything close home. He went right away  
after he came home from the war. I lived about a mile or two  
from him all the time. I never met him much until  
he was well enough before he went to the war. He was  
lazy to work, that is all. When he came back  
from the war he said he did not feel good. He  
said he had a rheumatism. I heard him complain of  
rheumatism 3 or 4 days after he came home. I don't  
know what caused it. He came home with the  
rheumatism all around in his back and  
arms. That was what he said. I can't tell what he  
had a rheumatism. He said so himself. No. I never  
saw him lame in this arm or leg. He can  
just smoke good, not drink good sometimes too.  
That is all I know of him. He has talked  
about this rheumatism every year since he came back  
from the war. I don't know that he has been sick  
in bed. He can walk just like me anyway. He  
never liked to work very well. He was lazy.  
I do not know how bad this rheumatism is, or how  
much it keeps him from work. I have been  
a witness for him before. J. H. Cook is my signature.  
I don't remember anything about this rheumatism. I know that  
he said he had it. I don't know that his joints  
would swell. He said so. I have heard the jumping  
and it is correct.

Page 25 Deposition "I"

Volice Melie  
mark Dependent  
Witness  
mark } Melanie Larose

Handwritten signature of the deponent, written across the lined area.

Deponent.

Sworn to and subscribed before me this 11<sup>th</sup> day of August,  
1902, and I certify that the contents were fully made known to deponent  
before signing.

Cyrus A. King  
Special Examiner.



DEPOSITION

Case of Leopold Debecker No. 54574 U.

On this 11 day of August, 1903, at  
New Champion, county of Bureau  
State of Wis, before me, Cyrus E. Frings, a  
special examiner of the Bureau of Pensions, personally appeared

Antoni De guaine, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 40.

Occupation - Farmer I am not related to  
the claimant. I have no interest  
in his claim. I have known him for  
about 25 years. I have lived next door  
to him all that time. I am the first  
neighbor north. My wife is his daughter.  
He has been a pretty slow man since  
I have known him. That is all you can  
say. He has been sick some times for a  
day or two or something like that. Some times  
he told me that he had a sore back.  
He would stop at some time. Some times  
when he makes a trip with a big wagon,  
he can't walk the day after. I don't know  
what that trouble in his back is. No, I  
never heard him complain of anything else.  
No, I never heard him say that that  
trouble was rheumatism. No, I never heard  
him complain of his arms, shoulders or  
legs. I guess this arm and legs are  
just as good as mine. No, I never heard  
him complain of heart or stomach trouble.  
I know that he complains of his back  
some times, and that he is some times laid  
up on account of it. Yes, he has complained  
of his back all the time I have known  
him. Lots of years he has had trouble  
with his back. I guess he worked very  
long but slow. He would take his time.

Told of James work a great deal more than that. He told me that he could work hard, that he has got a sore back. He says his back hurts him. He told me lots of times that he worked hard today, tomorrow he would have to be sick. I have heard the jingling sound, and it is correct.

Miss Dehrie

Deponent

Deponent.

Sworn to and subscribed before me this 11<sup>th</sup> day of August, 1903, and I certify that the contents were fully made known to deponent before signing.

Cyril E. King

Special Examiner.



DEPOSITION

Case of Leopold Debecker No. 45,740

On this 11<sup>th</sup> day of August, 1907, at  
Champion, county of Bern,  
State of N.Y., before me, Lynn E. King, a  
special examiner of the Bureau of Pensions, personally appeared

Philip Dequaine, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 42.  
Occupation - Farmer Residence at post-office address  
in above I am not related to claimant.  
I have no interest in this claim & have  
known him for 20 years or over. He is a  
good man. He never had any trouble with  
this neighbor but he never worked much.  
Now he is old and can't work any more.  
Some times he has been sick. He has something  
bad in his back but where the center is.  
When he is to bed & don't know where  
the trouble is, & I guess it is his rheumatism  
or something. I don't know what he has  
complained of his back ever since I have  
known him. He has complained of his  
back for over 10 years. That is all I  
know of his complaint. The rest I guess  
is all right. Now I never had him  
complain of his arm, shoulder, or legs.  
Now I never heard him say that he has  
rheumatism in his back, but that is what  
I think. When he works a little he  
has to stop. Some times he has to stop  
for 2 or 3 days then he gets better again.  
Oh yes, I think he has done half as  
much work as the farmer but he has  
never done much now. I have heard him  
complain of his back or stomach. I have  
heard the freezing wind, & it is cold.

Philip Dequaine

*[Large wavy line indicating a signature or mark across the lined area]*

Deponent.

*Suborn to and subscribed before me this 11<sup>th</sup> day of August, 1903, and I certify that the contents were fully made known to deponent before signing.*

*Byron E. Linger*  
Special Examiner.



DEPOSITION

Case of Leopold Debecker No. 545,740.

On this 11 day of August, 1903, at  
New Windsor, county of Duane  
State of Wis., before me, Carson E. King, a  
special examiner of the Bureau of Pensions, personally appeared

Amos Decker, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: age = 77,  
I think. Occupation - Farmer. P. D. # 1, Green Bay, Wis.

I am claimant's brother-in-law. I have no interest  
in his claim for pension. I have known claimant  
for about 48 years. We were neighbors before  
the war in the war, but not very close. I  
saw him pretty near every week. He had  
good fair health before he went to the war.  
Now, I never heard of him being sick before  
the war. I saw him after he came back by  
a tree falling on him but he was not hurt  
much. I don't know the next day. He complained  
of his head and I went after the doctor, and  
the doctor said that he was more scared  
than hurt. I could not see any marks or cuts.  
He was in bed when I saw him. He went  
to work the next day. I can't tell exactly  
what time he got back, but it was during the  
time the war was in session. I saw him in  
about two or three days after he came back  
from the war. When I met him the first time  
he did not say anything about his health at all.  
I don't remember of him speaking of his health  
soon after that. I have not much time for work  
the last 3 years or so, I met him but not to  
be with him. I don't remember hearing him  
complain at any time. I never worked with him  
much. He was about like the average of men  
at work. For himself he is not very much  
of a worker, but when he works for someone

also he is a hard worker now, I have heard  
 him complain of rheumatism, heart disease  
 or stomach trouble. I remember that he had  
 no complaint of his back since you asked  
 the question. That was about 10 or 12 years ago. Now,  
 I don't remember getting about him being complaining  
 of his shoulder or arm. I have seen him  
 several times my good since the war. I  
 have had the foregoing translated by K. C.  
 Moeller and it is correct.

Harrier Potier

Deponent.

K. C. Moeller  
 Interpreter.

Deponent.

Sworn to and subscribed before me this 11<sup>th</sup> day of August,  
 1902, and I certify that the contents were fully made known to deponent  
 before signing.

Cyrus C. Lingo  
 Special Examiner.



No. 545,740.  
 Claimant Leopold Debecker Department of the Interior,  
 Soldier Do BUREAU OF PENSIONS,  
 Co. G, 18 Reg't Wis Inf OFFICE OF SPECIAL EXAMINER,  
 Enlisted April 21, 1864,  
 Discharged July 18, 1865. Green Bay Wis Aug 18, 1902

Mr. Desire Leglise,  
Green Bay, Wis.

Sir:

To aid in the settlement of the above-described claim for pension, you are requested to answer the questions noted below.

You will please fill out, sign, and return this circular, even though you do not remember the soldier or that he was wounded, disabled, or diseased in the service.

The inclosed official envelope for your reply does not require postage.

Very respectfully,

Cyrus E. Lingo,  
 Special Examiner.

Q. Do you remember the soldier,  
 as a member of your company?

Ans. Yes

Q. Do you remember that he suffered with any wound, injury, or disease while in service?

Ans. No

Q. If you do remember any wound, injury, or disease, state the nature of same, also time and place, when and where incurred or contracted.

Ans. \_\_\_\_\_

(Signature:)

Desire Leglise

(Address:)

Green Bay Wis  
 (In cities, street and number.)

# 720 S. Welsh Ave

Page 31. Exhibit A

## CLAIMANT'S STATEMENT.

DEPOSITION

"M."

Case of

*Leopold De Becker* No. 545,740,

On this

10<sup>th</sup>

day of

August

1903

at

*New Champion*

county of

*Bruss*

State of

*Wis*

before me,

*Cyrus E. King*

a

Special Examiner of the Bureau of Pensions, personally appeared

*Leopold De Becker*

the applicant in the aforesaid pension claim, who says:

Q. If it should become necessary to further examine your claim, by taking testimony of witnesses elsewhere, do you desire to be present in person or be represented by an attorney, or both, at such further examination? If so, you will be notified as to the place and time when it is to be made.

A.

*No.*

Q. Should you change your mind and desire to be present, or be represented by an attorney during any further examination of your case, will you at once address a letter to the "Commissioner of Pensions, Washington, D. C." giving the name and the number of your claim, informing him that you have so changed your mind, and desire to be notified when your claim is to be further examined?

A.

*I can go.*

Q. State the names of the person or persons instrumental in the prosecution of your claim for pension, and their post-office addresses.

*G. De Becker, Champion, Bruss & Wis*  
*I have appointed nobody in Washington.*

Q. State what contract or contracts you have made with such person or persons for their services in prosecuting your claim for pension, and whether such contract or contracts were written or verbal.

A.

*I did not make any contract.*



Q. State the amount of fees paid by you or at your instance, to whom paid, and all the circumstances connected with the transaction.

A. I have paid Dufron \$2.

Q. Please give me the names of all witnesses that you desire examined elsewhere, with their post-office addresses, and also state what you expect to prove by each witness.

A. None.

Q. Have you any complaint to make as to the conduct, manner, or fairness of the examination of your claim? If so, please state specifically what it is.

A. No.

Q. Do you desire to introduce any more testimony before me?

A. No. You can go and see who you want.

Arthur Debaux  
Debaux

Georg B. Lebecker

Deponent.

Sworn to and subscribed before me this 10 day of August, 1903

and I certify that the contents were fully made known to deponent before signing.

Cyrus E. Higo

Special Examiner.

MCD  
MWB.

3-296.  
(Old No. 3-130.)

①

S. E. D.

~~B~~ No. 45,740.

Claimant Leopold Debecker,

Soldier: Dr

P. O. address: Champion,

County: Brown State: Wis.

Recommendation: Mr. Examination,

Cyrus E. King

Special Examiner.

REFERENCE.

, 190 ..

Chief S. E. Division.

RECOMMENDATION.

, 190 ..

Reviewer.

ACTION.

Sept. 15 , 190 3

Wood Co, Wis.

Origin & Continuance

See summary & B.J.

Acting Commissioner.



Act of Feb. 6, 1907.

1/17/0

Cert. 545.740

Name, Leopold Debecker.

Application filed March, 1907  
Service, 9 18 Wis Inf.

W.

E. H.

RECEIVED  
MAY 20 1967  
WEST



[3-216 a.]

Ex'r.

No. 702175

Act of June 27, 1890.

Leopold Becker

P. O. Robinson

Brown Co Wis

Service: G. 18 Mid Aug

Enlisted: , 18 .

Discharged: , 18 .

Application filed: Dec 9, 1890

Alleges: .

Any other Claim filed: 702175

Numerical No. 529894

Attorney: J. B. Kille Co

P. O. City

Recognized.

Contract.

Cert. of Dis. Searched for , 18 .

(2917-60,000.)

IND.

ILL.

IOWA.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

No.

Atty. General for explanation of this in  
in situation (written by myself) - *Hannon*

Oct. 12. 92 Ex Green Bay, this order is  
Oleutally Crallied CD - 2008

Dec 24-92 Record from  
for comrades *cube*

[3-216.]  
*Hannon* Ex'r. INVALID.  
No. *1000*  
Acts of July 14, 1862, and March 3, 1873.

*Leopold Debecker*  
P. O. *Robertson, Champion*  
*Hannon Co. Minn.*  
Service: *9-18-1890*  
Enlisted: *July 14, 1862*  
Discharged: *July 14, 1862*  
Application filed: *Mar. 18, 1890*  
Alleges: *Hannon*  
Re-enlisted:

*7/52*  
Attorney: *C. B. Crallied Co.*  
P. O. *C. B.*  
Recognized. Contract.  
Cert. of Dis. Searched for *18*  
(12176-30,000)

*IND. Not. Apr. 14/90 -*  
*ILL. Oct. 18/90 - A. G.*  
*Green Bay, Board, 6 atty.*  
*IOWA. Feb. 2/91 - Atty. over Joseph L. Colony*  
*P.M. of same*  
*P.M. over of Jacques Hermer, Police Melis -*  
*May 3/92. Call 10 for*  
*WIS. Master & letter to him &*  
*MEX. Atty & P.M. for cred of*  
*KANS. J. May 17/98*  
*NEV. Call on Crallied*  
*COLO. for Cont from*  
*CAL. dish to 1890*  
*OREGON. Atty*  
*IND. TY. Dec 19/99 Correspond*  
*N. MEX. with Police Melis &*  
*DAKOTA. Jacques Hermer*  
*WASH. E.V.R.D.*  
*UTAH. Nov. 28 1900.*

*Read in file of Crallied Co. for understanding*  
*of Crallied Co. for understanding*  
*for Crallied Co.*  
*Aug. 26-1901,*  
*Atty. Crallied Co. for same Crallied Co. (Crallied Co.)*  
*orig. of Crallied Co. May 1901, no personal knowledge*  
*P.O. of J. Hermer for application Hannon*  
*Jan. 23-1902*  
*Atty. Crallied Co. for address of J. Hermer. or. with*  
*H. Dupont and Atty for his presence Hannon*  
*Feb. 7 1902*  
*B. L. Green Bay, 1902, and Crallied Co.*  
*Atty. Crallied Co. for same Hannon*



INVALID. (Series \_\_\_\_\_)

Cert. No. **545740**

Name

Rank

; Service

Agency

Original Roll:

Transf'd

, 18

to

"

, 18

to

Issued

, 18

Mailed

, 18

Rate and Period, \$

, from

, 18

Deductions:

Disability:

Issued

, 18

Mailed

, 18

Rate and Period, \$

, from

, 18

Deductions:

Disability:

Issued, \_\_\_\_\_, 18

Mailed \_\_\_\_\_, 18

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18

Deductions:

Disability:

Issued \_\_\_\_\_, 18

Mailed \_\_\_\_\_, 18

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18

Deductions:

Disability:

## INDORSEMENTS.

Feb. 10/1900 Rep. of Inc. to  
 Court & atty. for Gallegos JR.

*Smiths.*

3-1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

JAN 25 1915 191

Certificate No. 545740

Class ACT OF MAY 11, 1912

Pensioner Leopold Hebecker

Soldier.

Service G. 18 Wis Inf

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of  
the above-described pensioner who was last  
paid at \$22<sup>50</sup> to Oct 4 1914,  
has this day been dropped from the roll be-  
cause of death Dec. 23, 1914.

Very respectfully,

*Alfred W. Smith*

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at  
once, and when cause of dropping is death, state date  
of death when known.

C-2219



22<sup>50</sup> — OCT 4 · 1914

BUREAU OF PENSIONS,  
Office of the Disbursing Clerk,

JAN 12 1915

To the Chief, Finance Division:

You are hereby notified that check No. 6616774, for \$ 67<sup>50</sup>  
dated JAN 4 1915 in favor of LEOPOLD DEBECKER,  
post-office GREEN BAY, WIS.  
Certificate # 545740  
1002 N. JACKSON ST.,

Class ACT 1A

Section 101, has been returned to this office by the  
Postmaster, with the information that the pensioner died Dec 23 1914  
and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,

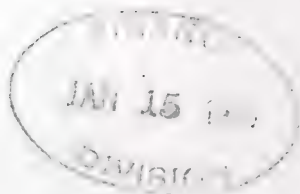
Disbursing Clerk.

(D-3)

a.m.A.

PLATE 1000000000

CW





Downloaded from <http://ajphaphapublications.sagepub.com/> at 11:00 11 November 2014

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No. 542,740

Div. for action on 2/2/1944 10/10

I have been thinking of you  
 a great deal lately and  
 wondering how you are getting on.  
 I hope you are well and  
 happy. I am still the same  
 old me. Love you both.  
 Mom

Chief Board of Review.

INVALID. (Series

Cert. No. 545740.

Name, Leopold Debecker.

Rank, Priv.; Service, Gen. 18.

His. Vol. Inf.

Original Roll: Milwaukee

Agency. Transf'd, 1, to

" 1, to

Issued

Feb. 24, 1904

Mailed

" 29, 1904

Rate and Period, \$ 10., from Nov. 5, 1901

Deductions:

Disability:

Issued

Aug 22, 1904

Mailed

" 28, 1904

Rate and Period, \$ 12., from July 5, 1903

Deductions:

Disability:

Issued Aug 6, 1907

Mailed

Rate and Period, \$ 15., from Mar. 1, 1907

Deductions: 0

Disability:

Issued

July 22, 1909

Mailed

Rate and Period, \$ 20., from July 12, 1909

Deductions: 0

Disability:

## INDORSEMENTS.

March 11/04 Rejected old Low claim  
Letters to Atty. Crall & Co and Claimant's Atty.

FEB 12 1905

To the

DECISION TO APPELLANT.

APR 28 1905



INVALID.

Cert. No. 545740Name, Leopold WeberRank, Capt; Service, Co G, 18<sup>th</sup> Wis. Inf.Agency: Original Roll: MilwaukeeTransf'd 1, to" 1, toIssued Dec 28 - 1912Mailed DEC 30 1912Rate and period, \$ 22<sup>50</sup>, from May 27 1912Deductions: 0

Disability:

Issued

Mailed

Rate and period, \$ , from

Deductions:

Disability:

Issued

Mailed

Rate and period, \$ , from

Deductions:

Disability:

Issued

Mailed

Rate and period, \$ , from

Deductions:

Disability:

INDORSEMENTS.

DROPPED

JAN 5 1915 191

Dead 1915

The Commissioner of Pensions,

Sir:

The claimant in this case, Leopold Debecker, late private, Company G, 18" Wisconsin Volunteer Infantry, who enlisted October 4, 1864 and was discharged July 18, 1865, is pensioned under the act of June 27, 1890, at \$10 per month, the rate having been \$8 from December 9, 1890, and increased to the present rate from November 5, 1902.

He filed the present claim under the general law on March 18, 1890, alleging that while in the service about March 15, 1865, he contracted rheumatism, which claim after a special examination was adjudicated February 19, 1904, and rejected on the ground of no record at the War Department and no medical evidence showing treatment for rheumatism in the service, at discharge or since, and the inability of the claimant to furnish satisfactory testimony showing origin of said disability in the service and its existence at date of discharge.

On June 30, 1904, claimant's attorneys appealed from said action, contending that the testimony of Comrades Mazey and Dupont and Sergeant Cotey, was sufficient to show that the alleged rheumatism was contracted in the service; that continuance from date of discharge was shown, and said action was error.

The comrades referred to have testified in the case on the question of origin. Their original affidavits indicate some



(3)

personal knowledge as to the existence of rheumatism in the service, but their testimony on special examination is worthless as to showing service origin or the existence of rheumatism while claimant was in the service. Sergeant Cotey and Comrade Mazey testified on special examination that they had no recollection that claimant at any time suffered from rheumatism while in the service.

Comrade Dupont testified on special examination that the claimant at one time complained of pain in his back and shoulders, and that he (the witness) was informed that claimant had rheumatism; but from his testimony he appeared to have no personal knowledge himself as to the complaint of pains being rheumatism.

The foregoing is all the testimony submitted on the question of origin, and it is held to be insufficient to show that the alleged rheumatism was contracted in the service and existed at the date of claimant's discharge. This conclusion is corroborated from the fact that there is no record of treatment at the War Department, and no medical evidence showing rheumatism, from first to last.

The action appealed from is held to be without error and is therefore affirmed, and the papers returned.

Very respectfully,



Assistant Secretary.

DECLARATION OF AFFIDAVIT

and is hereby affirmed, and the same is hereby affirmed.

The person affirmed above to have so be affirmed after  
from time to time.

of the said declaration, and no material evidence appearing therefrom,  
concerning the fact that the said person is no longer of the same  
existence at the date of signing, a statement. This declaration is

made of the person, and it is hereby affirmed to have

and the person is hereby affirmed to have

affirmed.

and the person is hereby affirmed to have

and the person is hereby affirmed to have

and the person is hereby affirmed to have

and the person is hereby affirmed to have

and the person is hereby affirmed to have

affirmed.

and the person is hereby affirmed to have

and the person is hereby affirmed to have

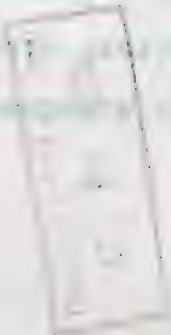
and the person is hereby affirmed to have

and the person is hereby affirmed to have

and the person is hereby affirmed to have

and the person is hereby affirmed to have

AFFIRMED.





OFFICE OF  
J. B. Cralle & Co.,  
PENSION ATTORNEYS,  
Cralle Building  
WASHINGTON, D. C.

June 28, 1904.

To the Honorable,

The Assistant Secretary of the Interior,  
Washington, D.C.

Sir:-

We have the honor to appeal from the action of the Commissioner of Pensions in rejecting the claim for original invalid pension, under the general law, act., number 848,740, filed in behalf of Leopold Deoecker, late of company "G", 18 Regiment, Wis. Inft. Vols.

The claim was rejected March 11, 1904, after special examination, on the ground of no record or satisfactory evidence of origin or continuance of rheumatism.

We invite your attention to the testimony of neighbors Melis and Ferner, as to continuance of rheumatism, from discharge to date; to that of comrade Mazey, as to origin of rheumatism, to that of orderly sergeant Cotey, and comrade Geo. Dupont, as to origin of rheumatism; to that of Joseph Laurent, as to continuance of rheumatism, from discharge to date, and to that of Emil Lonis, as to continuance of rheumatism, since '76.

We contend that the action of the Commissioner of Pensions is contrary to the evidence, and is error. We ask that same be reviewed and reversed.

Very respectfully,

*J. B. Cralle & Co.*

Lepidoptera

11

APPEAL.





PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Depositions.	REPUTATION.
1 to	Index			
	Notice to claimant			
1 to 2	Summary			
to	Claimant's statement			
3 11 4	Capt. Jas. L. Catey		A	Good. (see summary)
	Post-mortem Wansau.	a -		
	" " Ross	b -		

Let. No. 545740  
Rupold Debecker, } P. O. Champion, Brown Co, Wis.  
Co. G, 18, Wis. Inf. }

Can. Claire, Wis. Feb., 8., 1904

The Commissioner of Pensions,

Washington D. C.

Sir:-

The above named claimant is a pensioner at \$  
per mo. under act June 27, 1890 and seeks pension under the  
general law on account of rheumatism alleged in original  
declaration filed March 18, 1890

The papers were referred to the S. E. Division to determine  
origin and continuance of alleged rheumatism.

Captain Joseph L. Cotter failed to corroborate his former  
testimony (C. J. 7). His general reputation for truth is good  
but he has evidently been quite an affidavit maker as  
he informed me that he had made somewhere near 200  
affidavits in pension claims. He impressed me as being  
a person who would sign any affidavit if he knew the  
claimant was not getting a pension. In short he believes  
that all are entitled to pension and the ends justified the  
means.

Franklin H. Mosher is not known at Warsaw (list). I  
have written Thomas Orrison (list) twice but received no  
reply from him.

I submit the papers for the consideration of Chief of  
Board of Review.

Very respectfully,

R. A. Eddy,  
Special Examiner.



## DEPOSITION

Case of Leopold Debecker, No. 540740

On this 2 day of Feb., 1907, at  
Grand Rapids, county of Novel  
State of Wis., before me, R. A. Etty, a  
special examiner of the Bureau of Pensions, personally appeared  
Joseph R. Cotey, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: I am 72 yrs.  
of age. P.O. 1215 Water St. Grand Rapids, Wis.

I was private, 1st Regt., and Capt. Co. G, 15, Wis. Inf.  
I knew Leopold Debecker of said company. He was I think  
a drafted man and came to the company a recruit when  
we were in North Carolina in 1864. I was not acquainted  
with him prior to enlistment.

I do not remember that he was wounded or injured  
while in service. He was sick while we were in North Carolina  
someplace but at what particular place and time I do not  
now remember. It may have been at Newbern or at Goldston  
but I cannot say where it was. I do not remember the  
nature of his sickness. I feel sure that he was sick and  
was treated at the regimental hospital or rather went to sick  
calls. He was a Belgian and there were several Belgians  
recruit in the company and they would not stand service  
very well and were all more or less sick. If I am quite  
sure that he was sick. I cannot remember how long he  
was off duty. He never went to a general hospital to my  
recollection. I do not remember whether he was mustered  
out with the company nor his condition at that time. I  
have never seen him to my recollection since discharge.

Q Have you any knowledge as to his suffering from rheuma-  
tism at any time?

A. It might have rheumatism or it might have been  
diarrhea as most of the men had those ailments but whether  
he in particular suffered from rheumatism or from diarrhea  
I cannot say.

I think I made an affidavit for him to get a pension  
but I don't think I ever made an affidavit for him to get



an increase of persons. I do not remember what I then stated. I have heard read my affidavit dated Jan. 11, 1890 and will say that I remember of making the affidavit but do not remember the circumstances under which I signed it. I cannot recall the ailment from which he suffered while in service nor say as to whether it was rheumatism. I know that a lot of the recruits were sick and that he was one but further than that I have no knowledge. I cannot say where I got my information as to his ailment being rheumatism when I signed the affidavit.

I have heard this deposition read and it is correct.

J. L. Lotey

Deponent.

Sworn to and subscribed before me this 2 day of Feb., 1904, and I certify that the contents were fully made known to deponent before signing.

R. A. Etty

Special Examiner.



SPECIAL EXAMINATION DIVISION.

# Department of the Interior,

## BUREAU OF PENSIONS,

### OFFICE OF SPECIAL EXAMINER,

*Ever. Maria. W. Feb. 1, 1907*

SIR:

Please state, on the back of this letter, whether *Franklin H. Mosher*  
*(served in)* resides within your mail delivery, and if so, at  
what distance from the post-office, and in what direction. If he does not receive mail  
at your office, any assistance you may be able to give me in locating him, will be  
appreciated. *also state his occupation,*

This information is desired for use in a claim for pension, No. \_\_\_\_\_,  
and it is requested that your reply, in the envelope herewith, be forwarded as soon as  
possible.

Very respectfully,

*R. A. Eddy*

Special Examiner.

THE POSTMASTER,

*Heberlein*

*Wauwau.*

*Wes.*

Wausau, Wis. FEB 2- 1904

B. A. Eddy

Franklin's Franklin H. Mosher  
is not known here even by old  
Vets. and I am sure he does  
not receive mail at this office or  
live about here.

Respt Yours  
A. W. Bennett



SPECIAL EXAMINATION DIVISION.

# Department of the Interior,

## BUREAU OF PENSIONS,

### OFFICE OF SPECIAL EXAMINER,

*Earl Claire, Wis. Feb. 11, 1904*

SIR:

Please state, on the back of this letter, whether *Thomas Orrison (soldier)*  
..... resides within your mail delivery, and if so, at  
what distance from the post-office, and in what direction. If ... he does not receive mail  
at your office, any assistance you may be able to give me in locating him, will be  
appreciated. *also state his occupation and whether he is generally at home,*

This information is desired for use in a claim for pension, No. ....  
and it is requested that your reply, in the envelope herewith, be forwarded as soon as  
possible.

Very respectfully,

*R. A. Etty*

Special Examiner.

*W. L. Schenck*

THE POSTMASTER,

*Ross.*

*Vernon Co.,*

*Wis.*

*La Farge, Wis.*

3-296.  
(Old No. 3-450.)

S. E. D.

No. 545740

Claimant: Leopold Decker

Soldier: "G," 18. Wis. Inf.

P. O. address: Champion

County: Brown State: Wis.

Recommendation: { Consideration of  
Chief - T. D. Turner,

T. A. Eddy,  
Special Examiner.

REFERENCE.

FEB 13 1904

, 190.

Respectfully referred to Chief of  
Board of Review for consideration.

A. L. GRAIG,

Chief, S. E. Division.

Chief S. E. Division.

RECOMMENDATION.

, 190.

Reviewer

ACTION.

, 190.

Commissioner.



DEPARTMENT OF THE INTERIOR,  
WASHINGTON. APR 19 1905

Certificate No. 545,740. )	Docket No. 96,189.
Leopold Debecker, pvt. )	Appeal.
Co. G, 18" Wis. Vol. Inf.)	Affirmed.

.....

CLAIM FOR PENSION UNDER GENERAL LAW.

.....

The testimony is not sufficient to show that the disability alleged (rheumatism) was contracted in service or existed at date of claimant's discharge.

.....

*12. of Regt* Division.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D., C. *July 24, 1902*

No. Claim,

Cert. No. *545,740*

Claimant,

Soldier,

Co.

*Debecker*

*18*

*Reg't Wis. Inf.*

Respectfully

*to*

*Mayer Burlington*  
*for*

*Mr. Cheesman*

I am of opinion that  
claim should be specially  
examined as to service  
origin & continuance of  
The alleged rheumatism.

There is no record &  
no medical evidence of  
treatment in The service  
or since discharge; &  
claim for pension was  
not set up till 1890.

As The evidence indicates  
that The shoulders only were



affected by The disability  
while in The service & since  
discharge, & the medical  
examinations find lumbago  
as well as general rheumatism,  
The witnesses should be  
closely questioned as to what  
part of The body appeared  
to be affected by The disa-  
bility - & particularly as  
to how they came to know  
that Capt. really was so  
affected.

As 37 years is a long  
time to recall as ordinary  
a disability as rheumatism,  
unless especially severe in  
character, The witnesses  
should be definite in state-  
ment as to when they first  
heard of The disability & by  
what means they now fix The  
time & recollection of it.

Order 12. H. Pexton  
M.P.

WESTERN

Division.

## Department of the Interior,

## BUREAU OF PENSIONS,

Washington, D., C. *Feb 3*, 1903.*No. Claim,*Cert. No. *545740*Claimant, *Leobold Debecker*Soldier, *S. P. Co. Champion. Ws.*Co. *G*, 18 Reg't *Ws. Vol. Inf.*

Respectfully referred to the chief  
 of the Special examination division  
 for concurrence with the recommendation  
 contained in the slip approved by  
 the chief of the Board of Pensions  
 hereto attached.

Order 76 complied with  
 List of Comrade properly briefed

*Atty. J. B. Gralle & Co.,*  
*Washington, D.C.*

RECEIVED  
 FEB 6 1903

Chief of WESTERN Division.

*A. W. Conlee Exr*



R H D APPEAL.

Docket No. 96189

No. 545,740

Claimant,

Soldier,

Service,

Leopold Debecker  
18 W's Inf

File JUN 30 1904 by

P. O.

J. E. Cressie & Co.

Washington D. C.

Department of the Interior.

JUL 5 1904....., 190....

Respectfully referred to the Commissioner  
of Pensions for papers and report.

*A. W. Hitt*

Assistant Secretary.

ACTION.

ACTION AFFIRMED, APR 1 4 1915

~~ACTION AFFIRMED, APR 1 4 1915~~

INCREASE

3 1647.

Act of Feb. 6, 1907.

Cert. 545, 740

Name, Leopold De Becker

Application filed July 12 1909  
Service, H. B. W. S. D. S.



# INDEX

## TO SPECIAL EXAMINER'S REPORT.

Claim of *Leopold Debecker*

*By No. 545, 740.*

PAGES.	NAMES OF WITNESSES, ETC.	Exhibits.	Depositions.	REPUTATION.
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2.	Notice to claimant			
3 to 4.	Summary			
5 to 9.	Claimant's statement		<i>A</i>	<i>Good. See Summary</i>
10, 13.	<i>Léon Dupont, Bp.</i>	11.	<i>B</i>	"
14, 15.	<i>Joseph Hamon.</i>		<i>C</i>	"
16, 17.	<i>Lambert Evrard.</i>		<i>D</i>	"
18.	<i>Adrien Mazy</i>		<i>E</i>	<i>Unreliable - See Summary</i>
19, 20.	<i>Jos Laurent Bp.</i>	17.	<i>F</i>	<i>Good</i>
21, 22.	<i>Julia Debecker.</i>		<i>G</i>	"
23, 24.	<i>Emil Louis, Bp.</i>	16.	<i>H</i>	"
25.	<i>Police Melis. " "</i>	14.	<i>I</i>	"
26, 27.	<i>Anton Dequaine.</i>		<i>J</i>	"
28.	<i>Philip Dequaine.</i>		<i>K</i>	"
29, 30.	<i>Xavier Pottier.</i>		<i>L</i>	"
31.	<i>Desire Leglise - Letter A</i>			
32, 33.	<i>Claimant's final statement.</i>		<i>M</i>	"

*Page 1*

# Department of the Interior,

OFFICE OF SPECIAL EXAMINER U. S. BUREAU OF PENSIONS

At Champion, Wis.  
August 10<sup>th</sup>, 1903.

## NOTICE OF SPECIAL EXAMINATION.

Case of Leopold Debecker No. 545,740.  
To Leopold Debecker, Claimant:

You are hereby notified that, by order of the Commissioner of Pensions, the undersigned will, on the 10<sup>th</sup> day of August, A. D. 1903 and continuing thereafter as long as may be necessary, at Champion, Wis., County of Waukesha and State of Wis., and elsewhere if necessary, conduct a special examination of the aforesaid pension claim, at which time and place all material witnesses will be heard.

And you are further notified that you have the privilege of being present, in person or by attorney, during said special examination, and of cross-examining said witnesses and of introducing any material evidence on your own behalf, if you so desire.

Cyrus E. King,  
Special Examiner.

Cyrus E. King,  
I acknowledge service of copy of above notice this 10<sup>th</sup> day of August, 1903,  
and desire the examination to begin on the 10<sup>th</sup> day of August, 1903.

Leopold Debecker

Page



By #545,740. Leopold Debecker,  
Private - Co "E" 18<sup>th</sup> Wd. Vol Inf.  
P.O. address: Champion, Dunn. Co, Wis.  
Basis: Rheumatism. Act of July 14, 1862.

Green Bay, Wis. August 30, 1903.  
Hon. E. A. Ware,  
Commissioner of Pensions,  
Washington, D. C.

Sir:

I have the honor to return herewith, all  
papers in the claim above cited, and to submit  
my report thereon. This claim was referred  
for the D. & D. Division, to determine origin, and  
continuance of alleged rheumatism, and came  
to me for the initial examination. I served  
notice on claimant in person, (through an  
interpreter) and advised him as to his  
rights and privileges. He did not care  
to be present or represented during the  
examination made by me and waived  
further notice. This claimant is an ignorant  
sawing young old Belgian, who understands  
but very little English. His reputation  
is good. Original affidavits - Jacques Benier, Bf.  
13, and Dr. J. D. Moran, Bf. 15, are both said to  
be done. Adrien Wazy, Bf. 9, is too old  
and forgetful, to be at all reliable. It  
corresponds with list number, Louis Leghine,

and his reply which indicates no knowledge will appear as an exhibit in this report. Letters addressed to list Enroute Franklin H. Mosher, were returned unclaimed. The testimony herewith, I believe is the best obtainable in this district.

All of the other witnesses seen by me bear good reputations. I would recommend further examination as to origin, as follows:

Obj 7. ~~Obj~~ J. L. Cotey, Grand Rapids, Wood Co, Wis.

Very respectfully,  
 Cyrus E. King,  
 Special Examiner.



3-290.  
(Old No. 3-456.)

## DEPOSITION *A*

Case of *Leopold Debecker* No. *545,740*

On this *10<sup>th</sup>* day of *August*, 190*3* at  
*Champion*, County of *Bray*  
State of *Wis.*, before me, *Cyrus E. King*  
a special examiner of the Bureau of Pensions, personally appeared  
*Leopold Debecker*, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: I am *70*  
years of age; my post office address is *Champion Wis.* Occupation—  
*Farmer*. I am the claimant in this case.  
I am the identical Leopold Debecker  
who served as private in Co. G, 18<sup>th</sup> Wis.  
Inf. I went into the service in October,  
I don't know what year. I don't know  
what I was discharged when the war  
was over. I don't know the date I was  
in the war 10 or 11 months. I was in  
no other service either military or  
naval. I am now receiving \$8. per month  
pension. I am pensioned under the new  
law. I think my pension is payable at  
Milwaukee Agency I don't know. I applied  
first under the old law. I applied for  
pension under the old law on account  
of rheumatism. That was all I claimed  
under the old law. I lived here before  
the war. I lived two years from this place.  
I came to this country the year 1855.  
I came to this neighborhood in 1855.  
I was staying with my wife's father before  
the war. I don't know what my wife's  
father and mother are dead. All of my  
old neighbors before the war or dead.  
*Joseph Hansen* & *G. Dupont* know me.



Engl. before the war. Police Notes, knew me too.  
I was healthy before I went to the war.  
I had no sickness before the war. I  
was hurt by a small tree falling on  
my head after I shot down two many  
years before I went to the war that was  
that it was quite a time. It hurt me  
pretty bad. I had a fever with it too. I  
had a doctor at that time but he is  
dead. I think his name was Charles  
John. I was only hurt in the head at  
that time. Mr. Pitt did not hurt me in  
shoulder, back or arm. It only hurt me  
in the head. Xavier Pather (Big Settlement)  
Mr. went for the doctor at the time I  
was hurt. No. I never had rheumatism  
before I went to the war. I don't know  
that I was injured before I went to  
the war. If I was I don't know it again.

Ques: Mr. Decker, please state when, where,  
and the circumstances under which you  
incurred rheumatism in the army?

Ans: I began to be sickly at Newbern N.C.  
I don't know the month or year. I went  
to the doctor at Newbern. I had some  
little pains in the back, but the doctor  
did not say what I had. I found out  
after I came home, from the doctor  
there, that I had rheumatism. I had  
pains in my back and shoulder while in  
the service. One of my shoulders hurt more  
than the other. It was the left one. I  
staid still and did not do any duty  
until they got ready to move from Newbern.  
I can't tell how long I staid still there,  
but it was not a short time. The doctor  
gave me a bottle of medicine. I don't know  
what it was, and it was no good. I  
never knew the doctor's name. He was



regimental doctor I think. I had no  
think the medicine. No, he did not give  
me any medicines to rub on my back or  
shoulders. The pains were in the small of  
my back. It hurt a little like for me to  
use my arms while in the war but it  
is worse now. I had pains in my back  
and shoulder at time of discharge. I came  
back here at discharge, and I have always  
staid here. I have had rheumatism in my  
back and shoulder every year and every day since  
the war. When the weather is fairly in  
change it is worse. I have never staid  
in the bed on account of it, but have  
laid down for a bit. The pains were too  
big to sleep with them. Dr. McNamee, treated  
me for rheumatism about 2 or 3 years after  
the war. He did not treat me a very long  
time. When I saw I was no better I  
did not go any more. I went to another  
fellow out there once I don't know his  
name but he is dead. I did not have  
any other doctor treat me after the war.  
I have always been a farmer since the  
war. I could never do hardly anything I  
could not do half as much work as  
a stout man. Gideon Dierbach, Lambert  
Everhardt, will know that I was sick  
in the army. Capt. Cotey took me down  
to the doctor. Philip Ammer (dead now) slept

Leopold Debertzer

Deponent.

Sworn to and subscribed before me this 16<sup>th</sup> day of August  
1903, and I certify that the contents were fully made known to deponent before signing.

Cyrus E. Lingo.

Special Examiner.

DEPOSITION

Case of Lopel Dubouche No. 545,740.

On this 10<sup>th</sup> day of August, 1903, at  
Clairmont, county of \_\_\_\_\_  
State of Montana, before me, \_\_\_\_\_, a  
special examiner of the Bureau of Pensions, personally appeared \_\_\_\_\_

Carla, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says:

with me in the war. I can name any one  
else who knew me well in the army  
Dupont, Hammon & Leglise, are the only men named  
on that list of comrades that I know.

Ques: Who of your neighbors will know that you  
have suffered from rheumatism and your since  
you discharge?

A: L. Dubouche, Philip Dequaine & Anton Dequaine,  
will know that I have always suffered  
from it since the war. I have been  
married but never that to my present wife.  
I was married the first year they began  
to draft, at they drafted me afterwards. My  
wifes name was Maria Julia Menard. We  
were married in the Church at Big Littleman.  
We have no children under 16 years of age.  
None of the doctors ever gave me any  
medicine for use for my rheumatism. I  
have not incurred any bills or injury since  
the war. I do not care to be present or  
represented during this examination. I  
can't get my back very well any more. I have  
pain come up between my shoulder and down  
it goes down to my stomach and then I can't  
get my back very good. I have been troubled  
in my stomach for about 3 years. I put my  
crotch on myself but I have to take a great  
deal of attention to keep it up. I don't know  
that the joints are more swollen in my arms



on shoulders. They pain me so bad that  
 I can not sleep or do work of that  
 kind. I can not even make my own  
 work. I don't know how many years I have  
 been unable to sleep. I have had some pain  
 in my legs already but I don't know  
 what it is. I have had the foregoing  
 statement interpreted by Arthur Delvaux,  
 as it is correct.

Geopold Debecker

Deponent

I Arthur Delvaux do hereby certify that  
 I have acted as interpreter in securing  
 this statement, and that claims asserted  
 are correctly recorded in the foregoing  
 deposition.

Arthur Delvaux

Interpreter.

Deponent.

Sworn to and subscribed before me this 10<sup>th</sup> day of August,  
 1902, and I certify that the contents were fully made known to deponent  
 before signing.

Ben E. King

Special Examiner.

DEPOSITION

Case of Leopold Debecker No. 545,740

On this 17 day of August, 1903 at  
New Champion, county of DuPage  
State of Ill., before me, Cyrus C. King, a  
special examiner of the Bureau of Pensions, personally appeared

Léon Debecker, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 60.

Occupation - Farmer, Residence and post address  
now as above. Post-office address is now  
P. O. D. Route # 2, Green Bay, Wis. I am  
not related to claimant, I have no  
interest in his claim. I know him  
slightly before the war & did not know  
him very well. I met him several  
times at camp. We served together  
in winter in Co. E 15<sup>th</sup> Wis. Inf. We  
were mustered in and mustered out  
together. We were mustered in on the  
4<sup>th</sup> day of October 1864, and were mustered  
out about the 15<sup>th</sup> of July 1865, at  
Lancaster, Ky. The claimant seemed to  
be in good health when we first went  
into the service. We were stationed at  
Green Bay, before mustering in. The examination  
was slight & very easy.

Q: Have you a personal knowledge of this  
claimant mentioning any wound, injury or  
debility of any kind while in the service?

A: I remember after on a certain morning while  
at Lancaster, Tenn., or Newbern, N.C. when the  
army was going off of duty, he had all the  
difficulty in the world to walk. He complained  
at that time of pain in his back and  
shoulders. He went to the doctor and the  
doctor declared that he had rheumatism. The  
name of that doctor I do not know.



went with him to the Regt to report  
 him sick. I heard the doctor call his  
 trouble rheumatism. I could not tell you  
 the name of the Regt. We were on detached  
 service for a long time. The weather was pretty  
 chilly. I could not tell you whether it  
 had been raining. There was no snow on  
 the ground. The doctor gave him some medicine.  
 I know that he gave him some pills. He was  
 not in the Hospital. I heard when I heard him  
 complain of it previous to that morning. That  
 must have been the latter part of February  
 or early part of March. He had to be supported  
 when I took him to the Sergeant. Before that  
 he was always out of bed. He had no  
 appetite. In this matter he complained of  
 these pains up until he left the Regiment.  
 He would walk about and complain of  
 pain in his shoulder. He was excused from  
 duty for awhile. He was still complaining  
 and walked back at sunset with I have  
 lived about 2 1/2 miles from him since the  
 war. I have seen him often ever since  
 the war. He has always complained of that  
 same trouble since the war. He complains  
 of his shoulder and back. That is about all  
 I have heard him complain of. I have  
 never seen him laid up in bed. I have  
 seen him walking cuffed up, and he  
 has always complained when getting up  
 out of his seat would be stiff. He has  
 never been much of a hand to work.

L. D. Davenport

Deponent.

Sworn to and subscribed before me this 17<sup>th</sup> day of August,  
 1903 and I certify that the contents were fully made known to deponent  
 before signing.

Eugene E. Lingo

Special Examiner.



DEPOSITION

Case of Leopold De Becker

No. 545,740.

On this 17 day of August, 1903, at  
Lezoin Dupont, county of  
State of Calif, before me, \_\_\_\_\_, a  
special examiner of the Bureau of Pensions, personally appeared \_\_\_\_\_

\_\_\_\_\_, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says:

under it was before the war, but I did not  
know him much then. Some of his neighbors  
call him Capitain. I am satisfied  
that he has been troubled with rheumatism  
more or less every year since the war. I  
remember very well that the doctor  
said in the service that he had the  
rheumatism. He smoked a great deal. He  
had no other bad habits. He is a very  
quiet, easy going man. I don't remember  
about any of his feet swelling up. He  
had another man named Balgon that had  
a bad foot for awhile. I think he is dead.  
I think Mr. Hansen is mistaken about  
Clairmont having a bad foot. I never saw  
any indication of Clairmont having rheumatism  
until that morning I spoke of. I don't  
remember that he had a rash in service.  
I remember that for about one week at one  
time there were several of us that could  
only speak in a whisper of a morning. I  
could not tell you whether Clairmont was  
affected that way or not. I don't know what  
that trouble was, but it was a lack of  
voice. I do not know that any of the boys  
were treated for that trouble. The Clairmont  
has complained of rheumatism nearly every time  
that I have seen him. He never slows  
and stiffens up. We had to help him



put in his coat when he first back it.  
 His shoulders were so stiff that he could  
 not bend his arms backward for it, he seemed  
 to have got me of his arms & shoulders  
 when we first went into the service. I  
 could not tell you whether or not I have  
 seen him a witness for him before of 11.  
 That is my signature to affidavit you have  
 shown me. I do not recall that he  
 complained of his shoulders before that  
 particular morning I speak of. I could  
 not tell you the exact date. The trouble we  
 had with loss of voice was after Cairns  
 complained of his back and shoulders, I could  
 not tell the exact time. I have heard  
 it the foregoing word and it is correct.  
 G. J. Gumpert  
 Defendant

Deponent.

Sworn to and subscribed before me this 17<sup>th</sup> day of August,  
 1902, and I certify that the contents were fully made known to deponent  
 before signing.

Cyrus E. King  
 Special Examiner.

DEPOSITION

Case of Leopold De Bruin No. 545,740.

On this 10<sup>th</sup> day of August, 1903, at  
near Lincoln, county of Henry  
State of Wis, before me, Cyrus O. King, a  
special examiner of the Bureau of Pensions, personally appeared

Deaf Hamm, who, being by me first duly sworn to  
answery truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 66,  
Occupation Game Warden is Champion.  
Deaf C. Wis. I am not related to the  
claimant. I have no interest in his  
claim. I knew claimant before the war.  
He was an old friend. We served  
together in Co. G. 8<sup>th</sup> Wis Inf. We  
went into service at same time, and  
came home together. The claimant  
was in good health before he went  
in the war. I remember he was sick  
a little in the army. His foot swelled  
up and he went for the doctor. After  
war in South Carolina. I can tell the name  
of the place. I don't remember which foot  
it was. I don't know where the trouble  
was with his foot. I can't tell now  
whether his foot was swelled much or  
little. It did not stay swelled very long.  
He was a little lame when it was swollen.  
He came home from the war in good  
health. I don't see him very much  
since the war. I have not heard  
him complain of getting since the  
war. We & I knew him to have  
shrapnel while in the army. If he  
had it, I never heard of it. I never  
heard him complain of this army  
shrapnel or the like. He was not sick  
it was his foot that sent him to the



doctr. I have had the foregoing  
interpreted by Mrs. Maria Albert, and it  
is hence <sup>clear</sup> ~~in~~ <sup>that</sup> ~~the~~ <sup>deponent</sup>  
Witness { Maria Albert, Joseph J. Harmon  
Interpreter {

Deponent.

Sworn to and subscribed before me this 10<sup>th</sup> day of August,  
1902 and I certify that the contents were fully made known to deponent  
before signing.

Cyrus E. King,  
Special Examiner.

DEPOSITION

Case of Leopold Debecker No. 545,740.

On this 11<sup>th</sup> day of August, 1903, at  
New York, county of Duron,  
State of Wis., before me, Cyrus E. King, a  
special examiner of the Bureau of Pensions, personally appeared

Leopold Debecker, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 79.

Occupation Grocer Residence and Post-Office  
address as above I am not related to  
claimant. I have no interest in his

claim. I knew claimant about 12 years  
before the war. I lived about a mile and  
half or two miles from him before the  
war. We moved together in 1862-18

Wis. - I suppose we went to the war at same  
time. It came home together. We went  
in October or November 1864, and came back

in 1865. Last part of August or first part of  
September. I was with a tent mate of  
Debecker. Q: Was this claimant Leopold

Debecker, sick, or disabled in any way while  
in the army? A: He was sick sometimes.

I can't say where we were when he was  
sick. It is a long time. He had the fever  
some and the diarrhoea some. He was sick

in the Hospital. I don't know what kind  
of fever he had. He had the diarrhoea  
pretty bad. I do not remember any other

sickness he had. There was some bad  
bad weather when we were coming back.

I did not hear him complain of any  
particular thing when we were coming home.  
We were all well. I live about

3 miles from him since the war. I have  
seen him every 3 months when we go to  
pick up our papers. I have seen him long



you since the war I don't know what  
 he is & presumed on. I have never heard  
 him explain of my sickness when I have  
 met him since the war. I don't know  
 that he has & has not, or that he  
 ever did have it, either while in the  
 army or since. I have heard the fencing  
 read, and it is correct. This  
 Miss Moses Mary. Gambate + Edward  
 (to Mary) De Pauze

Deponent.

Sworn to and subscribed before me this 11 day of August,  
 1903, and I certify that the contents were fully made known to deponent  
 before signing.

Cyrus E. King,

Special Examiner.

DEPOSITION

Case of Leopold Debecker No. 545,740.

On this 17 day of August, 1903, at  
Clark 10th W.E. of Lear By county of Bum  
State of Wis., before me, Opus E. Kings, a  
special examiner of the Bureau of Pensions, personally appeared

Andrien Mazy, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 77  
Occupation James R. Alchem Megawick, Wis.

I am not related to Claimant. I have no  
interest in his claim. I knew him for  
3 or 4 years before went to the war. We  
served together in Co. G 18th Wis Inf. We  
went at same time & came back together.  
I don't remember on what time we went or  
what time we came home. Mr. Debecker  
must know that. I did not touch with  
Debecker in the service. I do not remember  
that he was sick or complaining while  
in the army. I have seen him every  
year since the war. I do not remember  
any sickness that he has had since  
the war. I am getting so old I don't  
remember or forget anymore. I do not  
know that he had rheumatism  
while in the army or since we  
came home. I never heard him say that.  
I never was a witness for him. 19 years  
I signed that. I don't remember now  
that he had rheumatism in his arm  
or shoulder. I have heard this said and  
it was explained to me by my daughter &  
it is correct.

Savisa Hart Andrien Mazy  
Interpreter Deponent



Large ruled area for deponent's statement, containing a large, loopy scribble.

Deponent.

I sworn to and subscribed before me this 17<sup>th</sup> day of August,  
1902 and I certify that the contents were fully made known to deponent  
before signing.

Cyrus E. King

Special Examiner.

DEPOSITION

Case of Lepold Debecker No. 548,740.

On this 11<sup>th</sup> day of August, 1903, at  
near Champion, county of Barren  
State of Mo., before me, Cyrus C. King, a  
special examiner of the Bureau of Pensions, personally appeared

Joseph L. Lamm, who, being by me first duly sworn to  
answer truly all interrogatories propounded to him during this special  
examination of aforesaid claim for pension, deposes and says: Age = 63,  
Occupation James Pauline and Post-Office address  
at home. He is not related to claimant  
I have no interest in his claim. I have  
known claimant for 647 years before the war.  
I lived about 2 miles from him I saw him  
a good many times before the war. I served  
in 17<sup>th</sup> Wis. Inf. I went to the war before  
claimant did. I came home in 1865 I guess  
in September. I don't know for sure. His health  
was good while I knew him before the war.  
I guess he came home from the war, near  
the same time I did. I saw him the same  
week that I got home. I have lived  
about 2 miles from him but have seen him  
often every year since the war. Well his  
health was not so good when I first saw  
him after the war as he did before. He looked  
bad as he looks bad now. He is so old that  
he can't work any more I mean. I can't tell  
what kind of sickness he had when he first  
came home from the war. I don't know for sure  
that I can't hear him say what his  
trouble was. I think he could do 3/4 work  
since he came back. He can't change slow  
I can't tell whether or not he has been sick  
in bed at any time. I guess it is rheumatism.  
I guess he got many other have rheumatism.  
Well I can't hear him say that he has  
rheumatism. I think he has it. Well when



makes you think that he has a hernia?  
 Ans: Well, I can't tell. He can't walk good.  
 Now, he has never walked crippled up.  
 A good many times when he comes to the house  
 he puts this handle on his back, and says  
 he can't walk, that he can't sit down good.  
 He has been complaining that way for 6 or 7  
 years or more. I can't tell. Now, I never  
 heard him complain of his arms or shoulders  
 or legs. He has never been a great hand  
 at work, at any time. Now, I never heard  
 him complain of them or stomach trouble.  
 I don't remember that he said anything about  
 his back when he first came home from  
 the war. I signed some paper for him once  
 before Apr. 17. That is my signature. I do not  
 now remember that he complained of  
 anything in his shoulders or back when  
 he first came home from the war. I have  
 heard the foregoing read and it is correct.  
 Joseph Lawrence  
 Deponent

Deponent.

Sworn to and subscribed before me this 11<sup>th</sup> day of August,  
 1902, and I certify that the contents were fully made known to deponent  
 before signing.

Signe E. [unclear]  
 Special Examiner.



DEPOSITION

Case of Joseph De Becker, No. 545740,

On this 10 day of August, 1902 at  
New Champion, county of DuRoi  
State of Mtn, before me, Cyrus E King, a  
special examiner of the Bureau of Pensions, personally appeared  
Margaret De Becker, who, being by me first duly sworn to  
answer truly all interrogatories propounded to her during this special  
examination of aforesaid claim for pension, deposes and says: Age = 60.  
Occupation Domestic wife. Residence at Post Office  
address in above. I am the claimant's  
wife. I don't know the date, but we were  
married about 40 years ago. We were  
married before Mr. De Becker went in  
the war. His head run all night  
before he went to the war. I know  
that him getting that by a tree falling  
on him before the war. It hurt him in  
the head. We were married when the tree  
fell on his head. He run pretty fast then.  
He hurt his head all over his head a  
few, at that time, but we when I  
went and saw him. He was only hurt  
in the head. He got over that hurt before  
he went to the war. Right away when he  
came back from the war, he had a lame  
back, like he had got over from the war.  
He was hurt it in his shoulder when  
he first came home. I can't hardly tell  
how it begins. He complained of pains  
in his back and shoulder. He has complained  
of his back and shoulder every year since  
the war. He has walked around when he  
had these pains, at he has come in at  
times himself in the bed and rolled around  
just pain. He has been able to work very  
little since he came home. He has done  
a little work as he could. His arms



and shoulders have pained him so bad  
many times that he could not sleep. He  
lay (or up) in the night 2 or 3 times. He  
has been told by observation before he  
went to the man. He was surely the  
man not convinced of anything besides the  
situation, only the conditions of his legs a  
little. I can tell how many times he  
has been told of his legs for a few years.  
I have had the foregoing interpreted to me  
by Arthur Delwood. It is correct  
when } Arthur Delwood being John A. Decker  
interpreted

Deponent.

Suborn to and subscribed before me this 10 day of August  
1903 and I certify that the contents were fully made known to deponent  
before signing.

John A. Decker  
Special Examiner.

## SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Pension Claim No. 546,740

Address of Board.

P. O.

State.

Date of examination.

*Quonox*  
*Ernest Arbrecker* Pvt.  
 Company *4/8* Reg't *Wis. Inf.*  
*Champion Brown Co. Wis.*

*Appleton*  
*Wisconsin*

*July 15*, 190*6*

*Rheumatism and smile disability*

He receives a pension of *10* dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *Rheumatism originated in the service - Has it now in shoulders and back.*

Birthplace, *Belgium*; age, *72* years; height, *5-4* ; weight, *155* pounds; complexion, *dark*; color of eyes, *hazel*; color of hair, *gray*; occupation, *farmer*; permanent marks and scars other than those described below, *none found.*

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, *72-84-108*; respiration, *18-18-20*; temperature, *98 3/4* ;  
 [Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

*Rheumatism - No swelling or enlargement of joints. There is tenderness and pain on motion of shoulder joints, and tenderness in lumbar region - picks objects from the floor with great difficulty.*

*Heart - The apex beat is 1/2 inch inside the nipple line in the 5th interspace. No hypertrophy or dilatation. No murmurs. Cyanosis or dyspnoea. Rhythm good. Chest measure 33-34-35.*

*Smile disability - As well nourished and not debilitated beyond his age.*

*Urine - Specific gravity 1022. Clear amber colored - acid reaction and no sugar or albumen.*

*Except as above no other disabilities were found to exist.*

*We find that the aggregate permanent disability for earning a support by manual labor is due to rheumatism and age - not due to vicious habits and warrants a rate of \$12.00.*

*A. W. Kusner* Pres. *J. J. Beveridge*, Sec'y. *O. D. Boyd*, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.



(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. A. H. Hannon, Dr. E. J. Beveridge and Dr. C. A. Boyd, were personally present and actually participated in the examination of Leopold Brecker, the claimant in this case, on 5 day of July, 1905"

(Signature.) E. J. Beveridge

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1905."

Witnesses to mark. }

(Signature of Applicant.) \_\_\_\_\_

SURGEON'S CERTIFICATE

IN CASE OF

Leopold Brecker  
Co. & 18<sup>th</sup> Reg't. Inf. Eng't.

APPLICANT FOR Increment

No 545,740

DATE OF EXAMINATION:

July 5, 1905

A. H. Hannon, Pres.,  
E. J. Beveridge, Sec'y,  
C. A. Boyd, Treas.,  
BOARD.

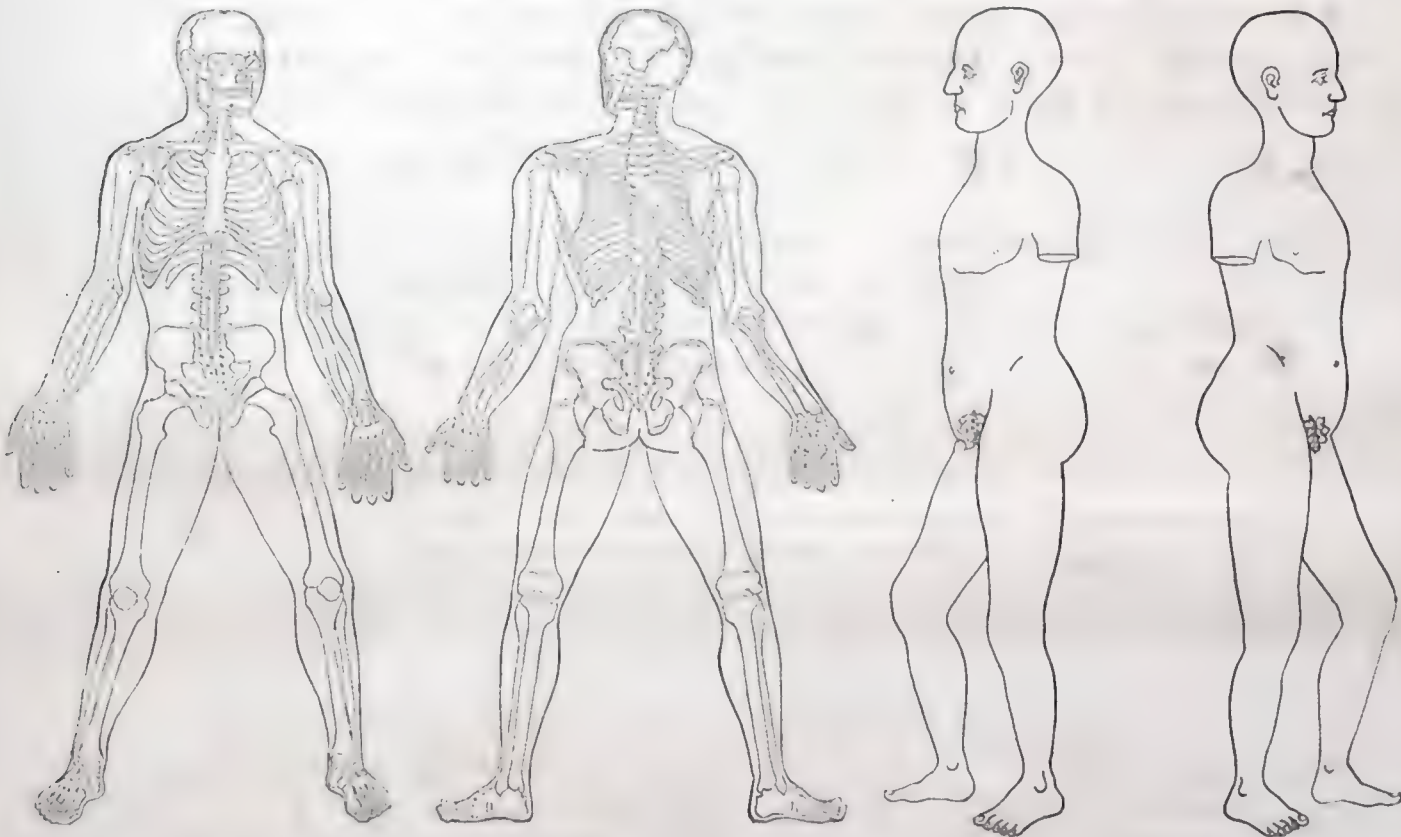
Post office, Appleton

County, Outagamie

State, Wisconsin

Do not use backs of certificates for any purpose other than indicated by printed matter thereon.

6-552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.



# SURGEON'S CERTIFICATE.

Insert character and number of claim.

Success

Pension Claim No.

545,740

Name of claimant.

Leopold Schaecker

Address of Board.

Guernsey

P. O.

Company 218th Reg't Wis. VolsWisconsin State.

Claimant's post-office address.

Champion, Barron Co, WisNovember 5th 1902

[Date of examination.]

Cause of disability.

Rheumatism and debility due to age.He receives a pension of eight dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted rheumatism during service, probably in 1865

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Belgium; age, 69 years; height, 5'5 1/2"; weight, 160 pounds; complexion, dark; color of eyes, brown; color of hair, gray; occupation, farmer; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 76-85-96; respiration, 18-20-24; temperature, 98.6.

[Sitting, standing, after exercise.]

[Sitting, standing, after exercise.]

Here give a full description of the disabilities, in accordance with Book of Instructions.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Whenever a disability is shown or is believed to be due to or aggravated by vicious habits, the opinion of the Board must be stated. When not due to such habits this fact must be stated.

Rheumatism: Creeping in both shoulders all muscles of upper extremities are atrophied and very flabby, as compared with muscles of lower limbs - joints and tendons are dry and stiff - motion is limited to 1/2 of normal - phalangeal articulations are enlarged. He can't stoop or stand perfectly erect - all muscles in lumbar region are atrophied, very tender in sacro-lumbar region. due to Lumbago.

Heart: No abnormal sounds, but both heart sounds are weak - apex beat can not be located - pulse is very small but regular. Area is enlarged - the dullness is 3 1/2 inches from top down ward and same in a horizontal direction. Some cyanosis, and some dyspnoea after exercising - no oedema.

Man is old and weak and can do but very little work.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

We find that the aggregate amount of disability far exceeding a support by manual labor is due to rheumatism, lumbago, heart-disease and infirmities of age, not due to vicious habits, and warrant a rate of \$10.

No other disability.

B. B. Butts

Pres.

W. M. Beck

Sec'y.

D. H. Huggins

Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (on 3-156, in p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

181



(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. R. C. Butt, Dr. Am Deek, and Dr. L. J. Hargrave were personally present and actually participated in the examination of Leopold Dechecker, claimant in this case, on 5th day of November, 1902.

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, Leopold Dechecker, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. Am Deek and Dr. L. J. Hargrave, the examining surgeons here present (waiving examination by full board), on this 5th day of November, 1902."

Witnesses  
to mark.

(Signature of  
Applicant.)



SURGEON'S CERTIFICATE

IN CASE OF

Leopold Dechecker  
Co. G, 18th Inf., Wis.

APPLICANT FOR Increase

No. 545-740

DATE OF EXAMINATION:

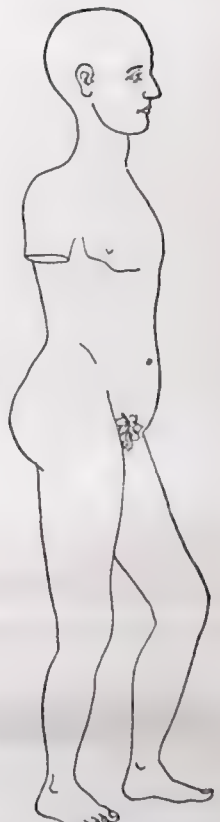
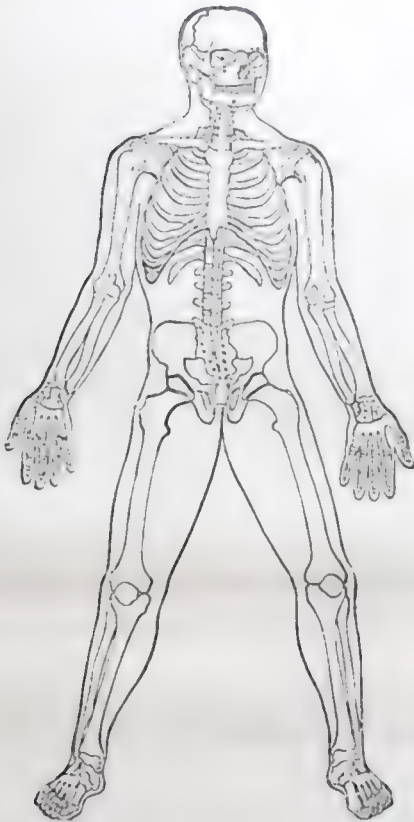
November 5th, 1902

Am Deek, Pres.,  
Am Deek, Sec'y,  
L. J. Hargrave, Treas.,  
BOARD.

Post office, Green Bay  
County, Winnebago

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]



## SURGEON'S CERTIFICATE.

Insert character  
and number of  
claim.Name of claim-  
ant.Claimant's post-  
office address.Cause of disa-  
bility.

Pension Claim No.

Address  
of  
Board.

P. O.

State.

[Date of examination.]

Here give the  
claimant's  
statement (as  
briefly and as  
completely as  
possible) in re-  
gard to the date  
of origin and  
cause of his dis-  
abilities and  
the manner in  
which they  
affect him.

Increase  
Leopold Debecker  
Company 418 Regt. Wis. Inf.  
Champion, Wis.  
Rheumatism.

Pension Claim No. 545.740  
Green Bay P. O.  
Wisconsin State.  
March 5th 1902

He receives a pension of \$8 dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first  
discovered by him: Contracted rheumatism at  
Newburn S.C. in 1865.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location  
of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Belgium; age, 68 years; height, 5' 5";  
weight, 151 pounds; complexion, dark; color of eyes, brown;  
color of hair, gray; occupation, (former) permanent marks and  
scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 76-80-82; respiration, 20-24-26; temperature, 98.6;  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Here give a full  
description of  
the disabilities,  
in accordance  
with Book of  
Instructions.Facts within the  
knowledge of  
the Board, or  
any member  
thereof, rela-  
tive to the  
cause of any  
disability  
found should  
be stated.When a disa-  
bility is shown  
or is believed  
to be due to or  
aggravated by  
vicious habits  
the opinion of  
the board must  
be stated.  
When not due  
to such habits  
this fact must  
be stated.

Man is fairly well nourished, but all  
movements are slow and guarded, as  
if in pain - noticed him walking on street  
where unobserved. He walks bent-  
and dragging. Joints are creaking upon  
motion, finger joints are enlarged, more  
markedly on right hand. right elbow  
also enlarged. Muscles are soft & very  
flabby - tendons and joints are dry  
and stiff; motion very much limited.  
He looks older, than he is.

Heart: no murmur, action is  
irregular & weak. Marked cyanosis  
of lips, ears and ends of fingers, show-  
ing very poor circulation. Apex beat  
is 1 1/2 inches below left nipple. Area  
is somewhat enlarged, as percussion  
shows, the vertical dullness & horizontal  
dullness is 3 inches each. Some dyspnea  
no oedema.

Lungs - respiratory murmur is clear  
but weak - no dullness, no  
increased resonance. No cough. Ex-  
piratory is 2 1/2 inches.

When rates are  
recommended  
solely on sub-  
jective evi-  
dence the  
strongest rea-  
sons must be  
given therefor.

Urinalysis shows acid reaction, stan-  
dard, no albumen, no  
sugar - spec. grav. 1020. No other disability.  
He is disabled by rheumatism equal to 8/18 of 3/4  
by disease of heart - 4/18 of 3/4.

B. B. B. A. Pres. J. H. Decker, Sec'y. P. H. G. 17, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon.  
When additional space is needed to complete report of examination use blank certificate (3-156) properly  
numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

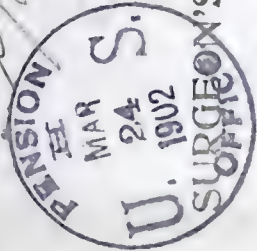
"I hereby certify that Dr. W. C. Beeth, Dr. Wm Beck, and Dr. L. H. Sigman were personally present and actually participated in the examination of Leopold Debeckes, the claimant in this case, on 5th day of March, 1902.

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1902."

(Signature.)



IN CASE OF

Leopold Debeckes  
Co. G, 14th Regt. Wis. Inf.

APPLICANT FOR Increase

No 545-940

DATE OF EXAMINATION:

March 5th, 1902

BOARD.

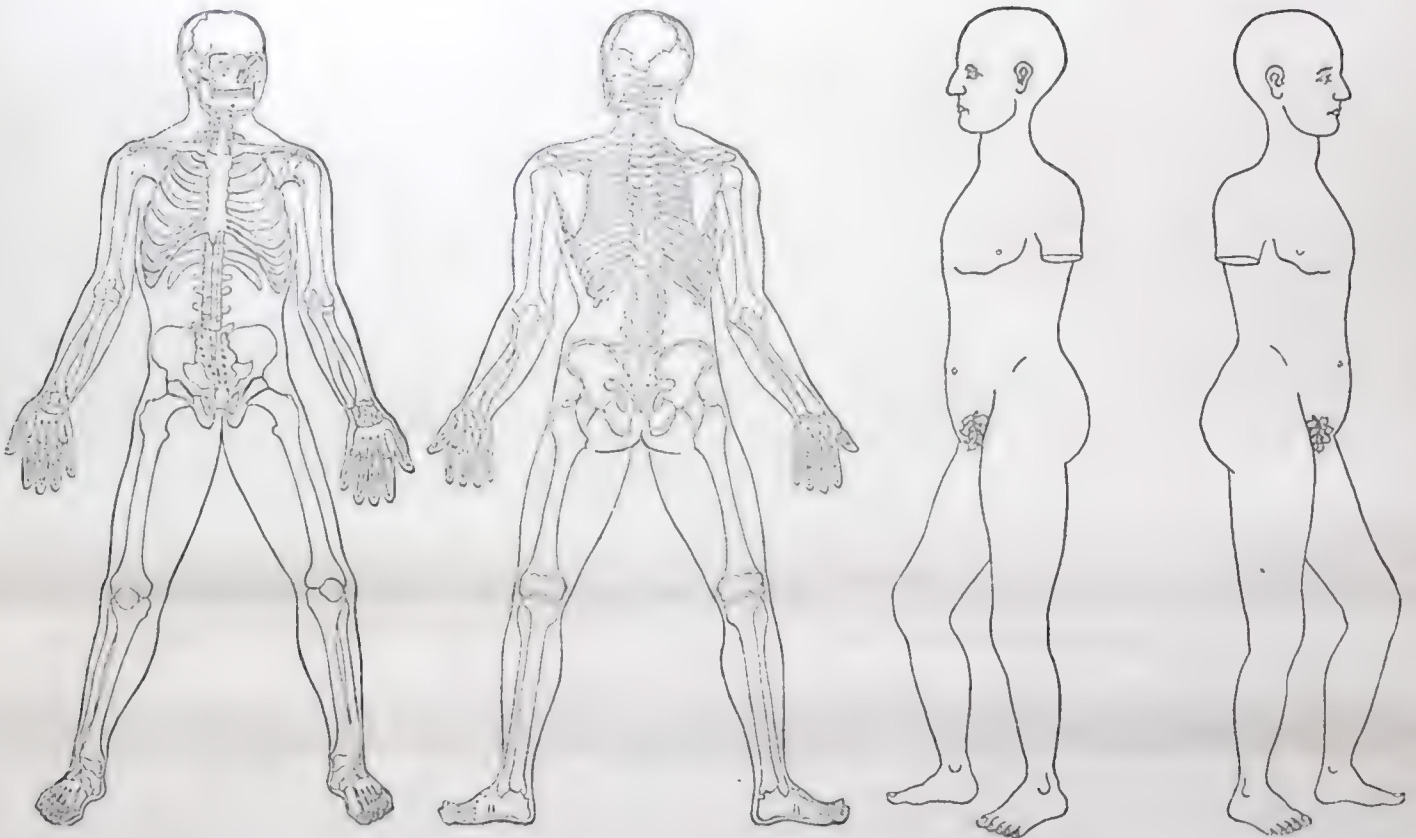
W. C. Beeth, Pres.,  
Wm Beck, Sec'y.,  
Dr. H. Sigman, Treas.,

Post office, Green Bay

County, Barron

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

*Increase*

Pension Claim No.

*545.740*

Name and rank of claimant.

*Leopold De Becker*

Rank,

*Private*

Company *E 18* Reg't *Wb-Inf*

*Green Bay Wis* State,

Claimant's post-office address.

*Champion, Brown Co*

[Post-office address of the Board.]

*Dec. 7th*, 189*8*

[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully

examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: *Rheumatism, and all other*

*disabilities*

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of *\$8* dollars per month.

He makes the following statement upon which he bases his claim for

*Increase*

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

*Man is getting old very fast and can't do any labor at all.*

Upon examination we find the following objective conditions: Pulse rate, *96*; respiration, *20*; temperature, *98.6*; height, *5* feet *4* inches; weight, *150* pounds; age, *64* years. *He looks old & feeble.*

Here give a full description of the disabilities, in accordance with Book of Instructions.

*breaking in both shoulders-joints, left side worse left deltoid muscle atrophied, muscles of arms very flabby but more so left arm, joints of left hand very much enlarged & stiff, tendons dry, motion limited, to less than 1/2 of normal in left side. Heart is somewhat dilated, Area of dullness enlarged to 3 1/2 inches both horizontally & vertically, no murmur, action very fast & slightly irregular, apex beat 1" below & 1" outside of left nipple-line.*

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

*Tongue coated, Digestion bad & slow, no ty mpsanites over stomach, but tender, abdomen hard.*

*No vicious habits.*

*Rheumatism in lumbar region, walks stooped & slow.*

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

*Rheumatism & Lumbago = 8/18  
Dilatation of heart = 6/18  
Dyspepsia = 4/18*

*B. B. Butts* Pres. *Thos. B. Butts* Sec'y. *D. H. Gregory* Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.



(This certificate to be filled in and signed by the secretary when full board is present.)

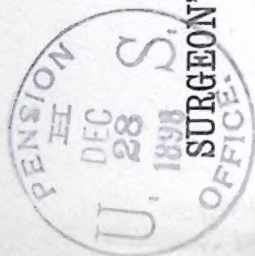
"I hereby certify that Dr. P. C. Burr, Dr. Amos Beck, and Dr. A. H. Furness, were personally present and actually participated in the examination of Leopold Debecker, the claimant in this case, on 7th day of Dec., 1898

(Signature.) Amos Beck

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_."

(Signature.) \_\_\_\_\_



IN CASE OF

Leopold Debecker  
Co. H, 18th Reg't Wis. Inf.

Applicant for Increase.

No. 545,740.

DATE OF EXAMINATION:

December 7th, 1898.

BOARD.

Amos Beck, Pres.,

Leopold Debecker, Sec'y,

A. H. Furness, Treas.,

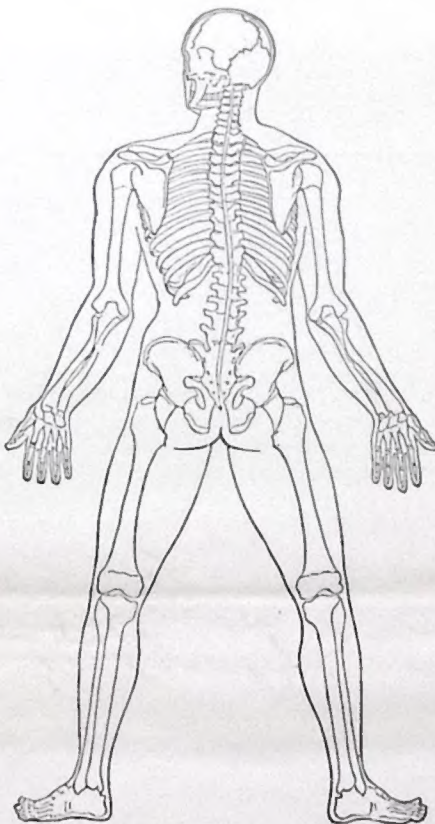
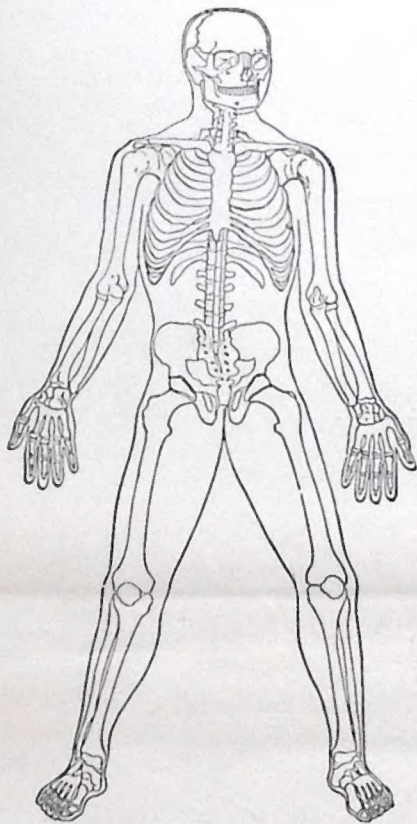
Post office, Guam Bay

County, Brown

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.

Leopold Debecker



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Extract from Section 4, Act of Congress approved July 25, 1882.]



Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

*Original*

Pension Claim No. *762175-*

Name and rank of claimant.

*Leopold De Becker*

, Rank, *Private*

Company *9*, *18<sup>th</sup>* Reg't *Wis. Inf.*

*Green Bay Wis.*

State,

Claimant's post-office address.

*Robinson Brown Co. Wis.*

[Post-office address of the Board.]

[Date of examination.]

*November 19<sup>th</sup>*, 1890.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz:

*Rheumatism*

If pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of

*—* dollars per month.

Here give the claimant's statement as briefly and as compactly as possible.

He makes the following statement upon which he bases his claim for *Original*  
[Original, increase, restoration, &c.]  
*Man can not talk any english, nor can he remember, where he contracted rheumatism. I had rheumatism in both shoulders and back ever since I came home from the service. I can do about 1/4 mans work.*

Here give a full description of the disability, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, *68*; respiration, *16*; temperature, *98.6*; height, *5* feet *4 1/2* inches; weight, *150* pounds; age, *56* years. *Man is well nourished and heart is perfectly normal. We find creaking sounds and slightly elevated temperature in both shoulder joints. Motions of arms are limited. Man walks stiff and bent forward. Can not stoop and without doubt has gen'l rheumatism and lumbago, for which he is disabled by gen'l rheumatism equal to 4/8 of 3<sup>d</sup> grade and of same degree by lumbago.*

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *4/8 of 3<sup>d</sup> g.* rating for the disability caused by *gen'l rheumatism*, *4/8 of 3<sup>d</sup> g.* for that caused by *Lumbago* and *—* for that caused by *—*

*B. L. Brett*, Pres. *H. M. Beck*, Sec'y. *F. L. Denis*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.





# SURGEON'S CERTIFICATE

IN CASE OF

*Leopold Debecker*  
Co. *G*, 18 Reg't *Wis. Inf.*

*Applicant for Original*  
*No. 762,175*

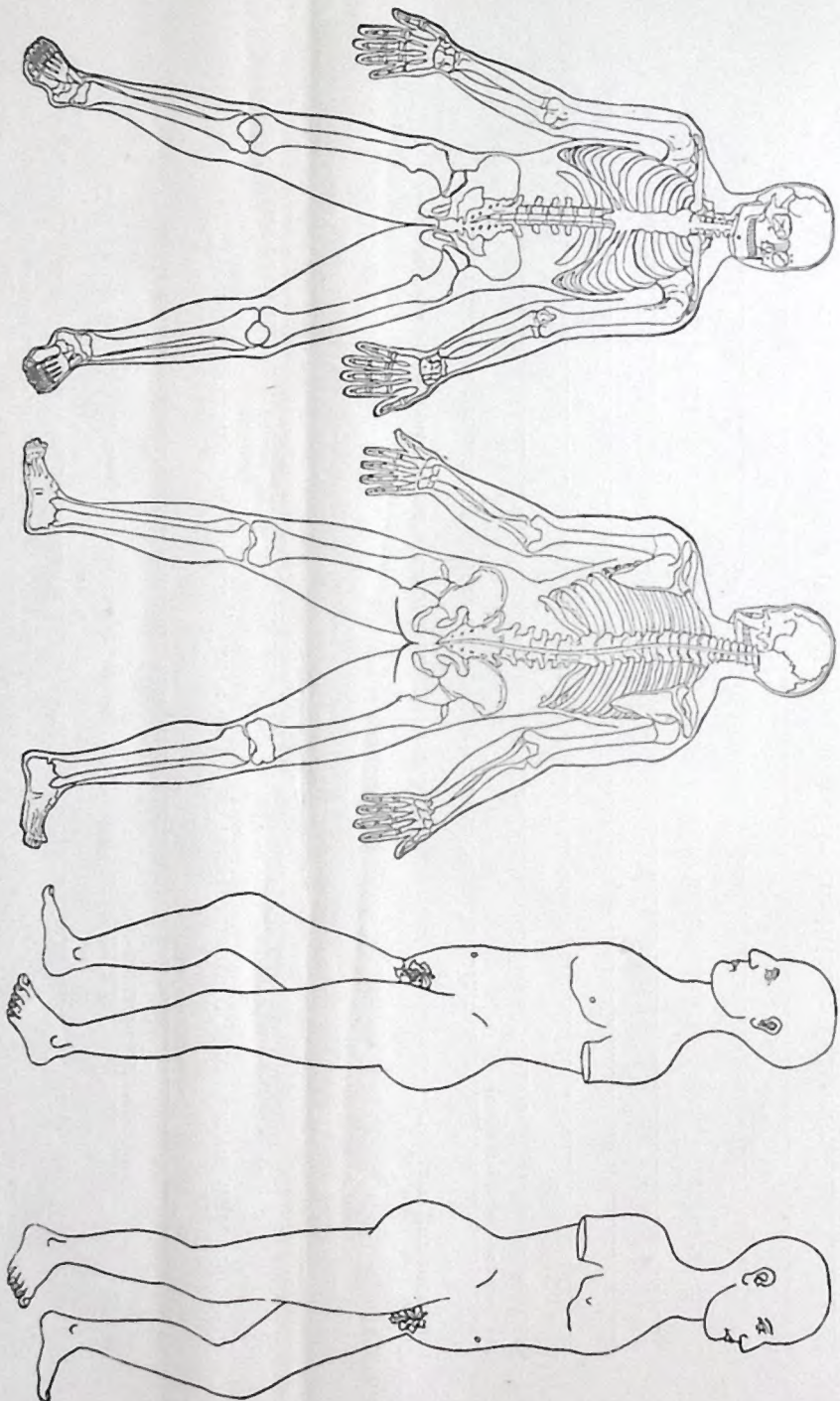
DATE OF EXAMINATION:

*November 19<sup>th</sup>*, 189*0*.

*B. C. Britt*, Pres.,  
*Hunbeck*, Sec'y,  
*J. L. Lewis*, Treas., } BOARD.

Post office, *Green Bay*  
County, *Brown*  
State, *Wisconsin*

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [Ex-  
tract from Section 1101, Act of Congress approved July 25, 1882.]